



Hand Therapy Referral Form

Please complete and attach any additional information

Name

Phone

Date of Birth

Address

ACC Claim No

Date of Injury

NHI Number (if known)

Diagnosis

Therapy Requested

Assessment and treatment

Splinting

Other

Comments

Referrer

Date

**Hands On
Rehabilitation**



Excellence in
hand therapy

Akoranga

NorthMed
3 Akoranga Drive, Northcote
p 09-486 1501 f 09-486 1502
akoranga@handsonrehab.co.nz

Hibiscus Coast

Red Beach Shopping Centre
Red Beach Road, Hibiscus Coast
p 09-421 1500 f 09-421 1501
hbc@handsonrehab.co.nz

Albany

51 Corinthian Drive, Albany
p 09-415 9101 f 09-415 9102
albany@handsonrehab.co.nz

Westgate

2/7 Maki Street, Westgate
p 09-833 4019 f 09-833 4021
westgate@handsonrehab.co.nz

Maps available online

www.handsonrehab.co.nz