

PDRP / Nursing Services Use Only

		Comments
Received		
Date received:	___/___/20___	_____
Letter of receipt:	___/___/20___	_____
External DHB	Yes No	
DHB:	_____	_____
To External DHB:	___/___/20___	_____
Letter to Nurse:	___/___/20___	_____
Back External DHB:	___/___/20___	_____
Outcome		
	Successful	
Letter to Nurse:	___/___/20___	_____
CNM:	___/___/20___	_____
HR/Db:	___/___/20___	_____
	Unsuccessful	
Letter to Nurse:	___/___/20___	_____
Follow up:	_____	_____
	_____	_____
Moderation		
	Yes No	
Moderator(s):	_____	_____
	_____	_____
To Moderator(s):	___/___/20___	_____
Back Moderator(s):	___/___/20___	_____
Return to Nurse		
Returned on:	___/___/20___	_____
Next portfolio due:	___/___/20___	_____