REFERRAL FORM

| PERSONAL INFORMATION |
| --- |
| **Birth Name:** | (Must be as appears on birth certificate)      | **Date of Referral:** |       |
| **Address:** |       | **NHI:** |       |
| **Best Contact:** |       | **Ethnicity:** |       |
| **D.O.B:** |       | **Age:** |       |
| **Gender:** |       | **Does rangatahi consent to engaging with the service?** | ☐ |

All rangatahi under 16 must have consent from a parent or caregiver.

| PARENT / CAREGIVER |
| --- |
| **Name:** |       | **Relationship:** |       |
| **Address:** |       |
| **Best Contact:** |       | **Email:** |       |
| **Does client live with caregiver?** | ☐ | **Caregivers Signature:** |       | **Verbal Consent:** | ☐ |

| REFERRER |
| --- |
| **Name:** |       | **Agency:** |       |
| **Agency Address:** |       |
| **Phone:** |       | **Mobile:** |       |

Please ensure that the client and their guardian (if under 16) are aware of this referral.

**We are unable to accept referrals without this consent.**

If you have any questions please contact the service, we are able to provide advice and guidance.

| REFERRER’S SIGNATURE: |
| --- |
| **Signed:**  |       | **Date:**  |       |

All fields must be completed

| PRESENTING CONCERNS: |
| --- |
|       |
| ALCOHOL AND OTHER DRUGS: |
|       |
| LIVING SITUATION: |
|       |
| RELEVANT CHARGES / ALTERNATIVE ACTION PLANS / PROBATION: |
|       |
| RELEVANT MENTAL HEALTH CONCERNS / RISKS: |
| **Past or current:**  | Self Harm | ☐ | Suicide | ☐ |
| **History of:**      |
| **Current Concerns:**      |
| RISK FACTORS FOR CLIENT OR CLINICIAN - *(Family Violence, Aggression, Unsafe Environment)*: |
|       |

| OTHER AGENCIES INVOLVED: |
| --- |

| **Name:** | **Organisation:** | **Contact Number:** |
| --- | --- | --- |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

| PLEASE SEND REFERRALS TO: |
| --- |

**Email:** refer@wellbeingnc.org.nz

**Postal:** Community Wellbeing North Canterbury Trust

 New Start Service

 PO Box 409

 Rangiora, 7440

 **NORTH CANTERBURY**