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](mailto:refer@wellbeingnc.org.nz)

**Postal:** Community Wellbeing North Canterbury Trust

New Start Service

PO Box 409

Rangiora, 7440

**NORTH CANTERBURY**