

**New Start Service**

E | [refer@wellbeingnc.org.nz](mailto:refer@wellbeingnc.org.nz)

# REFERRAL FORM

## PERSONAL INFORMATION

(Must be as appears on birth certificate)

Birth Name: \_\_\_\_\_ 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

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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*):**

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### OTHER AGENCIES INVOLVED:

**Name:**

**Organisation:**

**Contact Number:**

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### 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**