

**Te Paepae Arahi Referral Form**

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| First Name: Middle Name/s:  Last Name: Preferred Name: | | |
| Contact  Landline:  Cell:  Email: | | Address  Street:  Suburb: |
| Date Of Birth:  Age: | Gender: | NHI Number: |
| Ethnicity: Iwi:  Additional Iwi and Hapū: | | |
| Whānau support / Next of kin  Name: Relationship:  Landline: Cell:  Address: | | |
| Referred by  Self Whānau Other  Referrer details  Name: Service:   Number: Email: | | |
| Please tick which support you would like:  Alcohol and other drug support  Drink driving course  Wellbeing and mental health support  Youth support  Te Paepae Arahi has a range of support workers: male, female, Māori, Pākehā and Pasifika. If you have a culture or gender preference please let us know and we will match you with an appropriate support worker.  Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Reason For Wanting Support: | | |
| GP / Doctor  Service Name: Doctor’s Name  Phone No: Address/ Area: | | |
| Mental Health Clinician (if applicable and if different to referrer)  Service Name: Clinician Name  Phone No: Address/ Area: | | |
| Current legal issues, Corrections involvement, court orders, sentences:  Key contact: | | |
| Tangata Whaiora (Client) Signature: Date: | | |

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| HEALTH INFORMATION  If available, the following information would be useful also; if it’s already in attachments no need to replicate here. |
| Mental Health/ Addictions (Please include diagnosis and/ or description)  Current:  Current Medications (dose and frequency):  Historic: |
| Physical Health (Please include diagnosis and/ or description)  Current: *Please list any health issues we should be aware of e.g. contagious or infectious issues, or issues affecting mobility*  Current Medications (dose and frequency):  Historic: |
| Whānau Health  Current:  Historic: |
| Risk to self or others: self-harm, suicide, violence, drink driving, overdose, sharing needles, health etc. |