

**Te Paepae Arahi Referral Form**

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| First Name: Middle Name/s: Last Name: Preferred Name: |
| ContactLandline:Cell:Email: | Address Street:Suburb: |
| Date Of Birth:Age: | Gender:  | NHI Number:  |
| Ethnicity: Iwi:Additional Iwi and Hapū: |
| Whānau support / Next of kinName: 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 supportDrink driving courseWellbeing and mental health support Youth supportTe 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 / DoctorService Name: Doctor’s NamePhone No: Address/ Area: |
| Mental Health Clinician (if applicable and if different to referrer)Service Name: Clinician NamePhone No: Address/ Area: |
| Current legal issues, Corrections involvement, court orders, sentences:Key contact: |
| Tangata Whaiora (Client) Signature: Date: |

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| HEALTH INFORMATIONIf 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 HealthCurrent:Historic: |
| Risk to self or others: self-harm, suicide, violence, drink driving, overdose, sharing needles, health etc.  |