Referral Form

Te Roopu Kimiora

Child & Youth Mental Health and Addictions Services Whangārei/Kaipara

E-mail: nl-teroopukimiora@tewhatuora.govt.nz
Address: Te Roopu Kimiora, Private Bag 9742, Whangārei
Phone: (09) 0800 333 783

Please fill out as much as possible. Those area's with an "" are necessary for our Team with the processes to follow-up the Referral*

Date of referral

CLIENT DETAILS

Surname:*

Preferred Name:

Physical Address:*

Postal Address:*
(If different to Physical Address)

Phone (Home):*

Phone (Mobile):*

DOB:*

Gender:* ☐ Male ☐ Female

Ethnicity*

✓Tick one or more

- ☐ Māori
  - Iwi
  - Hapu
  - Marae
- ☐ Pakeha / NZ European
- ☐ Asian
- ☐ Pacific Island
- ☐ Other

Guardianship Details Options*

- ☐ Mum & Dad
- ☐ Mum
- ☐ Dad
- ☐ Caregiver/Whānau:
- ☐ Oranga Tamariki:
- ☐ Other:

Accommodation Details Options

- ☐ Whanau Home
- ☐ Caregiver Home
- ☐ Oranga Tamariki
- ☐ Boarding School
- ☐ Other:

SCHOOL

School:*

Preferred Contact:

PARENT/CAREGIVER/GUARDIAN DETAILS

Mum/Caregiver/Guardian*

Title ☐ Miss ☐ Ms ☐ Mrs ☐ Other

Surname:

First Name:

Relationship:

Phone (Home):

Phone (Mobile):

Email Address:

Dad/Caregiver/Guardian

Title ☐ Mr ☐ Other

Surname:

First Name:

Relationship:

Phone (Home):

Phone (Mobile):

Email Address:

GP Details

Surname:*

First Name:

Phone:

Practice:*

Postal Address:

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*REFERRER DETAILS

Title ☐ Miss ☐ Ms ☐ Mrs ☐ Dr ☐ Mr ☐ Other

Surname:		Role (eg: RTLB)	
First Name:		Organisation:	
Phone:		Postal Address:	
Phone (Mobile):			
Fax:		Email Address:	

REASON FOR REFERRAL?

Please provide further information on current **MENTAL HEALTH CONCERNS**
eg. Changes in mood, behaviour, sleep or academic progress, history of concerns including medical, family and educational history (include any GSE or other relevant reports) and information on any other services involved (past and present). Please include any **ALCOHOL and/or DRUG CONCERNS?**

YOUNG PERSON, FAMILY / WHANAU STRENGTHS (provide details below) *

Is this person an immediate danger to themselves or to others? ☐ No ☐ Yes (provide details below)

REFERRERS SIGNATURE

Signature _____ Date: _____

Does the Parent/Legal Guardian consent to this Referral? ☐ No ☐ Yes

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Email Form