



Youth Referral to CADS

<p>Client Details</p> <p>Name: Click here to enter text.</p> <p>NHI: Click here to enter text.</p> <p>Address Click here to enter text.</p> <p>DOB: Click here to enter text.</p> <p>Age: Click here to enter text.</p> <p>Ethnicity: Click here to enter text.</p> <p>Gender: Click here to enter text.</p> <p>Phone (hm): Click here to enter text.</p> <p>Mobile: Click here to enter text.</p> <p><input type="checkbox"/> NZ Resident <input type="checkbox"/> Non resident</p>	<p>Parent/Guardian/Family member</p> <p>Name: Click here to enter text.</p> <p>Relationship to client: Click here to enter text.</p> <p>Phone (hm): Click here to enter text.</p> <p>Phone (wk/other): Click here to enter text.</p> <p>Name: Click here to enter text.</p> <p>Relationship to client: Click here to enter text.</p> <p>Phone (hm): Click here to enter text.</p> <p>Phone (wk/other): Click here to enter text.</p> <p>Are family members aware of this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Clients of Maori/Pacific identity / ethnicity are required to make a choice between the cultural OR mainstream services below.

Choose and fax to appropriate service

[Click here to choose the appropriate Service from the drop down list](#)

Service preference must be selected in order to progress the referral

Has the client agreed to the referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is it okay to leave messages when client is not available?	Home	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mobile	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Text only	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it okay to send correspondence to the client?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Referrer Details

Name: Click here to enter text.	Organisation: Click here to enter text.
Address: Click here to enter text.	Phone: Click here to enter text.
Relationship to client: Click here to enter text.	Fax/mobile: Click here to enter text.
	Email: Click here to enter text.

Reason for Referral *(including client/referrer concerns related to current AOD issues)*

[Click here to enter text.](#)

Presenting Alcohol & Drug Issues/Use *(including amounts, frequency, duration and impact of use, previous treatment)*

[Click here to enter text.](#)

Office use only	Discussed: <input type="checkbox"/> Get With It <input type="checkbox"/> Family & Friends <input type="checkbox"/> Managing Mood
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Referral CADS Youth Services (YRF)



Safety and Risk Issues (including self-harm/suicidality/harm to others/harm from others – current and previous. How is risk being managed currently?)

[Click here to enter text.](#)

Mental Health and Health Concerns (including diagnosis, current treatment and involved agencies)

[Click here to enter text.](#)

Family/Home situation (including structure, supports, relationships, accommodation, CYF involvement)

[Click here to enter text.](#)

Social issues (including education/occupation, legal issues, financial situation, peer relationships, sexuality, cultural, spiritual)

[Click here to enter text.](#)

School attendance

Yes No

School's name/Education provider

[Click here to enter text.](#)

Client prefers to be seen at school

Yes No

Employment

Yes No

Specify weekly hours:

[Click here to enter text.](#)

Preferred time for appointments:

[Click here to enter text.](#)

Legal Issues

Yes No

Current offences/charges

[Click here to enter text.](#)

Diversion

Bail

Youth Justice

Probation

Youth Aid

Prison

Other agencies/workers involved in the client's care and contact details (including CYF, SGC, CAMHS)

[Click here to enter text.](#)

GP Clinic/Dr's name: [Click here to enter text.](#)

Preferred venue where client would like to be seen (e.g. specify a School, CADS Unit, Youth Centre)

[Click here to enter text.](#)

Completed by: [Click here to enter text.](#)

Date: [Click here to enter text.](#)

Please attach any other relevant information (previous assessments/treatment summaries, psychiatric/social work reports, relevant correspondence, FGC recommendations)