



**Ngā Manga Pūiri**  
**Problem Gambling and Addictions**  
**Services**

## Referral Form

Client Name:  
DOB:  
Ethnicity:  
NZ Status:  
Address:  
Phone:  
Mobile:

Kaimahi:

Date: / /2

Community or Other Kaimahi

### Referral to:

**Ngā Manga Pūiri**

admin@nmp.org.nz

**Mobile: 027 277 4209**

Allocated to:

### Referral From:

Organisation:  
Contact Person:  
Email:  
Phone:  
Mobile:  
Date: / /2

### Reason for Referral(Please select from below)

- Gambling       Meth       AOD  
 Other:

### Summary/Brief History

### Current Interventions

### Safety/Risk Issues

### Follow-up Requested

**Email Referral to [admin@nmp.org.nz](mailto:admin@nmp.org.nz)**

Approved & Issued by OL Oct. 21	Title: Referral Form	Reference: Service Delivery 001
Review: Oct 23	Version 1	Page 1 o 1