

Service User Details

REFERRAL DATE:		NHI NO.	
NAME:			
DATE OF BIRTH:		GENDER:	Male <input type="checkbox"/> Female <input type="checkbox"/>
ETHNICITY:		IWI:	
ADDRESS:			
PHONE - Home:		Work:	Cell:
CURRENT LIVING SITUATION:			
CURRENT EMPLOYMENT STATUS:			
REASON FOR REFERRAL:			
SUPPORT WITH DAILY LIVING:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
IDENTIFY:			

CONSENT:								
<p>I consent to this referral: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: center; font-size: small;">(please print full name)</p> <p><input type="checkbox"/> I understand and consent to Te Hā Oranga staff accessing my information to support this referral.</p> <p>From time to time other people may need access to your file, please tick the box of those people you give your consent to access your file:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> General Practitioner</td> <td style="width: 50%;"><input type="checkbox"/> Other Health Professionals</td> </tr> <tr> <td><input type="checkbox"/> Family / Whanau</td> <td><input type="checkbox"/> Support Workers</td> </tr> <tr> <td><input type="checkbox"/> Health Service Students</td> <td><input type="checkbox"/> Registered Nurse / Manager</td> </tr> <tr> <td><input type="checkbox"/> Students</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p>Service User Signature: Date:</p>	<input type="checkbox"/> General Practitioner	<input type="checkbox"/> Other Health Professionals	<input type="checkbox"/> Family / Whanau	<input type="checkbox"/> Support Workers	<input type="checkbox"/> Health Service Students	<input type="checkbox"/> Registered Nurse / Manager	<input type="checkbox"/> Students	<input type="checkbox"/> Other _____
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<input type="checkbox"/> Students	<input type="checkbox"/> Other _____							

Referrer Details

Name:			
Organisation:			
Phone:		Email:	
Signature of Referrer:			

Attached Information (Tick Please)			
Adult History / Summary of Situation:		Early Warning Signs / Relapse Prevention Plan:	
Current Risk Assessment / Safety Plan:		SNAP:	
Other Relevant Assessments:		Other information (please state)	

Please send referral to:

- **Te Hā Oranga – Auckland Site**
 Ph: (09) 366 1993 - Fax: (09) 366 1977 Email: elaine.porter@tehaoranga.co.nz
- **Te Hā Oranga – Wellsford and Helensville Sites**
 Ph: (09) 420 8523 – Fax: (09) 423 8057 Email: herbert.skipper@tehaoranga.co.nz