



**TE POU ORANGA O  
WHAKATŌHEA**

*Whānau Ora, Hapū Ora, Ka Ora ai te Iwi*

**Te Tari Matua o Te Pou Oranga o Whakatōhea**

**SERVICE REFERRAL FORM – PLEASE COMPLETE ALL AREAS WHERE POSSIBLE**

<b>Date of Referral:</b>	29/09/2022			
<b>Type of Referral:</b>	<input type="checkbox"/> Referring to Internal Service		<input type="checkbox"/> Referring to External Service	
	<input type="checkbox"/> External Service referring to Te Pou Oranga o Whakatōhea Services			
<b>Referral From:</b> <i>(Name of internal or External Agency)</i>				
<b>Referral To</b> <i>(Please indicate what service/s you would like to refer client to. If unknown leave blank &amp; the Team Lead will assign to service)</i>				
WISH Management		TPOW Management		
MHAK18C/MHAK18D - NASC		Community Travel Fund		
MHCK36F - Adult Peer Support		Family Start		
MHDK74C – Community Based AOD Specialist		Kaiarahi Navigator		
MHIK44C - ICAY Community MH		Elderly Abuse		
MHD148C - Specialist Youth AOD Service		Kowhai Kaumatua Group		
MHCI37F - ICAY Peer Support		Whanau Ora - Health Promoter		
MHAK09C - KM Community MH		Whanau Resilience - Domestic Violence		
MHADK14C – Co-Existing Disorders		Social Workers in Schools		
MHW68D - Family/Whanau Support		3WSP – Rangatahi Whanau Support		
MHK20D - Adult Community Support		2ORO – Oranga Rangatahi		
2KMWOWS – Nga Mataapuna Oranga		Rheumatic Fever Prevention		
Toi Kaiawha		Well Child/Tamariki Ora		
Kaupapa Crises Lead		Te Pou Oranga Whaiora		
Parenting & Pregnancy		Other:		
<b>Whanau (Client) Name:</b>		<b>NHI/NSN</b>		<b>GENDER:</b>
		<b>DOB:</b>		<b>AGE:</b>
<b>Address:</b>		<b>Home :</b>		
		<b>Mobile:</b>		
<b>National Student Number</b>		<b>Email:</b>		
<b>Preferred Method of Contact</b>	<input type="checkbox"/> Text <input type="checkbox"/> * Home Visit <input type="checkbox"/> * Phone <input type="checkbox"/> Email <input type="checkbox"/> Other (Please state)			
<b>Caregiver:</b>		<b>Relationship:</b>		
<b>Doctor:</b>		<b>Phone:</b>		
<b>Risk Level</b>	<b>Low</b>	<b>Medium*</b>	<b>High</b>	<b>Brief Intervention</b>
<b>Reason for referral:</b>				
<b>Any other information:</b>				
<b>Referred By:</b>		<b>Position:</b>		
<b>Referrer Signature:</b>				
<b>*Client being referred must consent &amp; sign before referral will be accepted</b>				
<b>Signature of Client:</b>				
<b>Signature of Caregiver:</b> <i>(If client is 17 years of age &amp; under)</i>				
<b>Team Lead Signature:</b>		<b>Date:</b>		

