

REFERRAL FORM - (Please ensure one form per individual)

| | | | |
|-----------|-----|-----|-----|
| Chart No: | TGA | WHK | TOK |
|-----------|-----|-----|-----|

| | | | |
|--|-------------------|--|--|
| Name of Referrer/Service: | | | |
| Address: | | | |
| Date of Referral: | | Appt for: Medical Counselling | |
| Name of Client: | | | |
| DOB: | Age: | NHI (if known): | |
| Gender: | Ethnicity: | | |
| Client Address: | | | |
| Home phone number: | | Mobile number: | |
| Email: | | | |
| Preferred method to contact: Phone <input type="checkbox"/> Txt <input type="checkbox"/> Voicemail <input type="checkbox"/> Email <input type="checkbox"/> | | | |
| If Under 16yrs, - primary caregiver name and contact: | | | |
| Primary caregiver consent Yes <input type="checkbox"/> No <input type="checkbox"/> Not aware <input type="checkbox"/> | | | |
| <small>(If you want the appointment details to be given to someone else please indicate here):</small> | | | |
| Appointment details to go to: | | | |
| <small>(If you want the appointment details to be given to someone else please indicate here):</small> | | | |
| OT contact (name, phone number, email address): | | | |
| Police contact (name and contact details): | | | |
| GP name and address: | | | |
| Person accompanying child to appointment: | | | |
| Safety Risk assessment: Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> | | | |
| Safety Plan: No <input type="checkbox"/> Yes <input type="checkbox"/> (Please attach copy) | | | |
| Nature of concern: <small>Please include as much information as possible; timeframes, nature of offences, current mood, any previous medical appts, safe contacts, any physical symptoms or worries client may have – any special needs – cultural, spiritual or disabilities</small> | | | |
| | | | |

Email this form to: refer@tautokomai.co.nz or phone one of the above numbers.

An appointment will be made and the details emailed and/or phoned through to the listed contact for appointments.

Tautoko Mai Sexual Harm Support

For appointments: 07 5770512 Fax: 07 5770520

After Hours or Urgent Medical/Forensics (24/7): 0800 2BSAFE (0800 227 233)



Email this form to: refer@tautokomai.co.nz or phone one of the above numbers.

An appointment will be made and the details emailed and/or phoned through to the listed contact for appointments.