MŌKIHI HAUORA

Mōkihi Hauora
7A Cain Street
Parkside
Timaru
Canterbury 7910

Phone 03 684 6647

REFERRAL FORM

Surname:_________________________________ First name: _________________________________

Address:

____

Telephone No:_______________ Cell phone No:________________ Email:_______________________

DOB:____/____/____

Ethnicity: ☐ Maori; Iwi_____________________ ☐ New Zealander/European ☐ Asian

☐ Pacific island ☐ Other

MSD No: ___________________________ NHI No: _________________________

EMERGENCY DETAILS: Next of Kin

Name:______________________________________ Phone No:______________________________

Address:____

SERVICES REQUESTED

☐ Addiction community support ☐ Residential addiction service ☐ Social Detox

☐ Outreach (addiction) ☐ Mental Health Activities centre ☐ Employment Support

SUPPORTING INFORMATION

Reason for referral ____

Case manager: __________________________ Support worker: _______________________________

Outline of current presentation, history, current medication, family/ social situation

____

____

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Psychiatric diagnosis: ____
____

Risk/ Safety concerns: suicide, self-harm, risk to others, case note alert, mental health act status:
____
____

Any current/ pending legal issues:
____
____

Medical condition(s): ____

GP ___________________________

Any cultural requirements: ____

Supporting documents required with referral:

- Transition to wellness plan ☐
- Risk assessment ☐
- Case note alert ☐
- Other reports ☐

Office use only

Date referral received:_________________________

Assigned for follow up:_________________________