



Name: _____
 Address: _____
 NHI: _____ DOB: _____ Sex: _____
 GP: _____ Area: _____
 OR PATIENT ID LABEL HERE

**CHILD, ADOLESCENT AND FAMILY MENTAL HEALTH
 AND CO-EXISTING DISORDER SERVICE**

Referral Form

Note: It is MidCentral Health’s policy that all those with Maori heritage be informed and given the choice of treatment at the Specialist Maori Mental Health Service, Oranga Hinengaro.

Please note if this form is incomplete it may be returned to you for further work.

Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> NZ Maori | <input type="checkbox"/> Has client been offered the option of a Maori Mental Health Provider |
| <input type="checkbox"/> Asian | <input type="checkbox"/> NZ European/ Pakeha |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Other (specify) |

Surname: _____ **Given Names:** _____

Preferred Name: _____ **DOB:** _____ **Age:** _____ **NHI:** _____

Address: _____

Home Phone: _____ **Mobile phone:** _____

Name of legal guardian: _____ **Relationship to child/young person:** _____

Address: _____ **Contact Phone:** _____

Name and contact details of mother if not as above: _____

Name and contact details of father if not as above: _____

Names and ages of siblings: _____

Who else lives in the home: _____

***Has referral been consented to by the Legal guardians** **Yes** **No** (reason)

***Is the child/young person aware of referral** **Yes** **No**

General Practitioner (GP) _____ **Address:** _____

Phone: _____

Paediatrician _____

***Significant Medical history:** _____

***Current medication:** _____



***Psychiatric History of child and family:** _____

***Please indicate on what basis you believe this person meets the criteria of having a serious mental health disorder and/or moderate to severe drug/alcohol problem (alongside mental health difficulties)? Including any risk issues (See information brochure) Continue on the final sheet if necessary**

***How long has this been a difficulty?**

***What treatment options have been tried and what have been the outcomes:**

***Describe sleep patterns and any recent changes in behaviour**



***Describe appetite/eating habits and any recent changes in weight**

Protective Factors/Strengths

- Age Appropriate/Advanced Physical skills for age
- Age Appropriate/Advanced Social development for age
- Age Appropriate/Advanced Intellectual development for age
- Age Appropriate/Advanced Psychological/Emotional development for age
- Ability to seek out support when necessary
- Supportive Family Relationship(s)
- Other Supportive Caring Adult(s)
- Healthy Peer Relationship(s) _____
- Hobbies/Interests/Goals _____
- Other (please explain) _____

Name of School or place of employment:

School/Work functioning:

Are there any Care and Protection issues: Yes No

Note: Treatment can not commence until care and protection issues have been addressed

If so, how are these being dealt with:

Forensic history/ Justice issues:

Other agencies involved:

Additional Information:



*Referrers name:

Date: _____

Relationship to child: _____

Agency: _____

Address:

Phone: _____ Fax: _____

Nga mihi, CAFS

* Indicates fields which must be completed.

For office use only

Duty Worker (name): _____

Action taken: _____

Signature: _____

Date: ___/___/___

Information about CAFS to inform your referral

We are a Specialist Child and youth Mental Health and drug and Alcohol Service. We work with young people from infants to 18-year olds, and their families/whanau. We get involved when young people need help with mental health issues that have started to **significantly** affect all parts of their lives. This means that the issues are present at home, school/work and in their social lives.

We work in a few different ways and wherever possible try to fully involve family/whanau in everything we do. We also **absolutely** involve a young person's family or responsible adult when risk issues have been identified.

Who we work with: As above we work alongside young people and their families with a range of issues that are moderate to severe! For instance:

- Significant Suicidal Ideation (with plan, intent and means)
- Mood disorders (Major Depression, Bi-polar disorder)
- Anxiety disorders (panic, generalised, social, agoraphobia)
- ADHD (severe, and often with other co-morbid mental health issues)
- Autism Spectrum (we assess for this from 15yrs onwards, under this age the Paediatric team will do this alongside CDS)
- Psychosis (We work alongside eIMPACT for young people up to the age of 18yrs)
- Eating Disorders (Anorexia, Bulimia, ARFID)
- Drug and Alcohol issues (if presenting with acute mental health issues too)

What don't we do? We don't do any of the following **solely**:

- Testing for specific learning difficulties OR Intellectual disability (This is Paediatrics/CDS)
- Parenting (Consider Incredible Years (up to 8 yrs) or Triple P/Barnardo's)
- PTSD (Number of community providers)
- Autism if under 15 yrs – Paediatrics/Child Development Service
- Foetal Alcohol Syndrome (Paediatrics)
- Alcohol and Drug use (Consider MASH? Or other NGO providers)
- Gender Identity Assessments - YOSS

Where are we? We work across the Midcentral region and have teams in Horowhenua (Horowhenua Health Centre), Palmerston North (Konini House at P/N Hospital) and Tararua (20 Allardice Street) (small team). We also hold clinics outside of these buildings for instance Otaki, Fielding, Pahiatua.