



# Te Roopu Kimiora Referral Form

## Child & Youth Mental Health & Alcohol & Drug Service - Whangarei/Kaipara

• **Phone:** 0800 333 783 • **Post:** Te Roopu Kimiora, Private Bag 9742, Whangarei

Please fill out as much as possible. Those areas with an "\*" are necessary for our Team with the processes to follow-up the Referral

Date of referral

### CLIENT DETAILS

Surname:\*

DOB:\*

Preferred Name:

Gender:\*  Male  Female

Physical Address:\*

Postal Address:\*  
*(If different to Physical Address)*

Phone (Home):\*

Phone (Mobile):\*

### Ethnicity\*

✓Tick one or more

Māori

Iwi

Hapu

Marae

Pakeha / NZ European

Asian

Pacific Island

Other

### Guardianship Details Options\*

Mum & Dad

Mum

Dad

Caregiver/Whānau:

Oranga Tamariki:

Other:

### Accommodation Details Options

Whanau Home

Caregiver Home

Oranga Tamariki

Boarding School

Other:

### SCHOOL

School:\*

Preferred Contact:

### PARENT/CAREGIVER/GUARDIAN DETAILS

#### Mum/Caregiver/Guardian\*

Title  Miss  Ms  Mrs  Other

Surname:

First Name:

Relationship:

Phone (Home):

Phone (Mobile):

Email Address:

#### Dad/Caregiver/Guardian

Title  Mr  Other

Surname:

First Name:

Relationship:

Phone (Home):

Phone (Mobile):

Email Address:

### GP Details

Surname:\*

Practice:\*

First Name:

Postal Address:

Phone:



### \*REFERRER DETAILS

Title	<input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Other	
Surname:	<input type="text"/>	Role (eg: RTLB) <input type="text"/>
First Name:	<input type="text"/>	Organisation: <input type="text"/>
Phone:	<input type="text"/>	Postal Address: <input type="text"/>
Phone (Mobile):	<input type="text"/>	
Fax:	<input type="text"/>	Email Address: <input type="text"/>

### REASON FOR REFERRAL?

Please provide further information on current **MENTAL HEALTH CONCERNS** eg. Changes in mood, behaviour, sleep or academic progress, history of concerns including medical, family and educational history (include any GSE or other relevant reports) and information on any other services involved (past and present). Please include any **ALCOHOL and/or DRUG CONCERNS?**

### YOUNG PERSON, FAMILY / WHANAU STRENGTHS (provide details below) \*

Is this person an immediate danger to themselves or to others?  No  Yes (provide details below)

### REFERRERS SIGNATURE

Signature  Date:

Does the Parent/Legal Guardian consent to this Referral?  No  Yes

