



## TAIOHI ORA - REQUEST FOR SUPPORT

**If this request is urgent please refer to the ABC Team (Tel: 0508 277 478) or call 111**

Email all referrals to [intake@tuiora.co.nz](mailto:intake@tuiora.co.nz), [community.intake@ngatiruanui.org](mailto:community.intake@ngatiruanui.org) or [ngaruahinehealth@xtra.co.nz](mailto:ngaruahinehealth@xtra.co.nz)

### TAIOHI (YOUTH) DETAILS

|   |  |  |  |  |                                 |                                 |                                 |                                 |
|---|--|--|--|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <b>Ingoa Taiohi</b><br><i>[Youth Name]</i>          |  |  |  |  |                                 |                                 |                                 |                                 |
| <b>Date of Request</b>                              | dd/mm/yyyy   | <b>NHI</b>   |  |  |                                 |                                 |                                 |                                 |
| <b>Kāinga Noho Taiohi</b><br><i>[Youth Address]</i> | <b>Waea</b> <i>[Phone]</i>   |  |  |  |                                 |                                 |                                 |                                 |
|   | <b>Īmēra</b> <i>[Email]</i>  |  |  |  |                                 |                                 |                                 |                                 |
| <b>Rā Whānau</b><br><i>[Date of Birth]</i>          | dd/mm/yyyy   | <i>(If under 10 or over 18 years old then request may be declined)</i> |  |  |                                 |                                 |                                 |                                 |
| <b>Tuakiri ā-ira</b><br><i>[Gender]</i>             | <input type="checkbox"/> <b>Kōhine</b> <i>[Female]</i> <input type="checkbox"/> <b>Tamatāne</b> <i>[Male]</i> <input type="checkbox"/> <b>Irahuhua</b> <i>[Gender Diverse]</i> <a href="#">Enter Gender</a>  |  |  |  |                                 |                                 |                                 |                                 |
| <b>Mātāwaka</b><br><i>[Ethnic Group]</i>            | <input type="checkbox"/> <b>Māori</b><br><input type="checkbox"/> <b>NZ European</b><br><input type="checkbox"/> <b>Other</b> – Please Specify <a href="#">Enter Ethnicity</a><br><input type="checkbox"/> <b>Not Stated</b>   |  |  |  |                                 |                                 |                                 |                                 |
|   | <b>Ngāi Pasifika</b> – Please Specify: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Cook Island Māori</td> <td><input type="checkbox"/> Fijian</td> </tr> <tr> <td><input type="checkbox"/> Niuean</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Tongan</td> <td><input type="checkbox"/> Other Pacific Island</td> </tr> </table> |  |  | <input type="checkbox"/> Cook Island Māori | <input type="checkbox"/> Fijian | <input type="checkbox"/> Niuean | <input type="checkbox"/> Samoan | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Cook Island Māori          | <input type="checkbox"/> Fijian  |  |  |  |                                 |                                 |                                 |                                 |
| <input type="checkbox"/> Niuean                     | <input type="checkbox"/> Samoan  |  |  |  |                                 |                                 |                                 |                                 |
| <input type="checkbox"/> Tongan                     | <input type="checkbox"/> Other Pacific Island  |  |  |  |                                 |                                 |                                 |                                 |
| <b>Kura Enrolled</b><br><i>[School]</i>             |  |  |  |  |                                 |                                 |                                 |                                 |
| <b>Taiohi Consented to request?</b>                 | <input type="checkbox"/> <b>Āe</b> <i>(Yes)</i> <input type="checkbox"/> <b>Kāo</b> <i>(No)</i>  |  |  |  |                                 |                                 |                                 |                                 |
| <b>Taiohi under 16?</b>                             | <input type="checkbox"/> <b>Āe</b> <i>(Yes)</i><br><input type="checkbox"/> <b>Kāo</b> <i>(No)</i>   | <b>If 'Yes' - parental consent obtained?</b>                           | <input type="checkbox"/> <b>Āe</b> <i>(Yes)</i> <b>Date consent obtained</b> dd/mm/yyyy<br><input type="checkbox"/> <b>Kao</b> <i>(No)</i> <i>(If No - request will be declined)</i> |  |                                 |                                 |                                 |                                 |

### WHĀNAU (PARENTS/GUARDIAN) DETAILS

|   |  |   |  |  |
|---|--|---|--|--|
| <b>Ingoa Whānau</b><br><i>[Guardian Name]</i>   |  |   | <b>Hononga-ā-whānau</b><br><i>[Relationship to taiohi]</i> |  |
| <b>Kāinga Noho ā Whānau</b><br><i>[Address]</i> |  |   | <b>Rā Whanau</b> <i>[Date of Birth]</i>                    |  |
|   |  |   | <b>Īmēra Whānau</b> <i>[Email]</i>                         |  |
|   |  |   | <b>Waea Whānau</b> <i>[Phone]</i>                          |  |
| <b>Preferred Contact Method</b>                 | <input type="checkbox"/> <b>Waea</b> <i>[Phone]</i> <input type="checkbox"/> <b>Kuputuhi</b> <i>[Text]</i> | <input type="checkbox"/> <b>Īmēra</b> <i>[Email]</i> <input type="checkbox"/> <b>Mēra</b> <i>[Post]</i> |  |  |
| <b>Taiohi enrolled with GP?</b>                 | <input type="checkbox"/> <b>Āe</b> <i>(Yes)</i><br><input type="checkbox"/> <b>Kāo</b> <i>(No)</i>         | <b>If Yes - which practice?</b>   | <a href="#">Practice Name</a>                              |  |

### KAITONO (REQUESTER) DETAILS

|   |   |  |  |
|---|---|--|--|
| <b>Request Source</b>                           | <input type="checkbox"/> <b>Internal (Tui Ora)</b> <a href="#">Service Name</a><br><input type="checkbox"/> <b>External (eg. GP, CAMHS, School etc)</b> <a href="#">Service/Organisation</a><br><input type="checkbox"/> <b>Self / Whānau / Friends</b> |  |  |
| <b>Ingoa Kaitono</b><br><i>[Requester Name]</i> | <b>Īmēra Kaitono</b> <i>[Email]</i>   |  |  |
|   | <b>Waea Kaitono</b> <i>[Phone]</i>  |  |  |



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**Reason for request:**

**Is this request for a Taiohi Ora Group session?**     **ĀE** (Yes)     **KĀO** (No) *(please tick one)*

*If 'YES', please identify the relevant kaupapa you would like addressed:*

**Current Treatment / Approach:**

**Potential or Actual Risks:**

**Other Agencies / Organisations / Professionals involved/Frequency of GP visits:**

**Any additional contextual information:**

**Tuhinga Ingoa Kaitono** [Requester Signature]:

**Date:** dd/mm/yyyy