

TUI ORA

TAIOHI ORA - REQUEST FOR SUPPORT

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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

TAIOHI (YOUTH) DETAILS

Date of Request	dd/mm/yyyy		
Ingoa Taiohi [Youth Name]		NHI	
Kāinga Noho Taiohi [Youth Address]		Waea [Phone]	
		Īmēra [Email]	
Rā Whānau [Date of Birth]	dd/mm/yyyy (If under 10 or over 18 years old then request may be declined)		
Tuakiri ā-ira [Gender]	<input type="checkbox"/> Kōhine [Female] <input type="checkbox"/> Tamatāne [Male] <input type="checkbox"/> Irahuhua [Gender Diverse] Enter Gender		
Mātāwaka [Ethnic Group]	<input type="checkbox"/> Māori <input type="checkbox"/> NZ European <input type="checkbox"/> Other – Please Specify Enter Ethnicity		Iwi/Hapu:
	Ngāi Pasifika – Please Specify:		<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
Kura Enrolled [School]			
Taiohi Consented to request?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Taiohi under 16?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes' - parental consent obtained?	<input type="checkbox"/> Yes Date consent obtained dd/mm/yyyy <input type="checkbox"/> No (If No - request will be declined)

WhĀNAU (PARENTS/GUARDIAN) DETAILS

Ingoa Whānau [Guardian Name]		Īmēra Whānau [Guardian Email]	
Kāinga Noho ā Whānau [Address]		Waea Whānau [Guardian Phone]	
Mātāwaka (Ethnic Group)		Rā Whānau (Date of Birth)	
Preferred Contact Method	<input type="checkbox"/> Waea [Phone] <input type="checkbox"/> Kuputuhi [Text]	<input type="checkbox"/> Īmēra [Email] <input type="checkbox"/> Mēra [Post]	
Taiohi enrolled with GP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - which practice?	Practice Name

KAITONO (REQUESTER) DETAILS

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

Reason for request of service:

What are your whanau concerns?

What are your whanau goals?

Other Agencies / Organisations / Professionals you are working with or waiting to see:

Any additional contextual information (including confirmed and/or suspected diagnosis):

Tuhinga Ingoa Kaitono *[Requester Signature]:*

Date: dd/mm/yyyy