**Ease Up - Referral Form**

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| --- | --- | --- |
| **Date** |  | **Time** |
| **Name** |  |
| **Address** |  |
| **D.O.B.** |  | **NHI No.** |  |
| **Home Phone** |  | **Cell Phone** |  |
| **Email** |  |
| **Gender** |  [ ]  Male [ ]  Female [ ]  Other specify..…………… | **Ethnicity** |  |
| **GP** |  |
| **Other services involved in supporting rangatahi** [ ]  School [ ]  Primary care [ ]  Church [ ]  Oranga Tamariki [ ]  CAFMs [ ]  Kaupapa Māori [ ]  Other: |
| **Young person must be made aware and consent to referral before proceeding can you please confirm the young person is aware and consenting to this referral** [ ]  Yes [ ]  No  |
| **Presenting issues***Level of distress, relationship issues, Family conflict/distress, homelessness, AOD, low mood, anxiety, offending, self-harm, suicidal ideation, post suicide intervention* |  |
| **Initial risk assessment** *Risk from others, risk to self, abuse, neglect, insight, history of risk. Risk factors shared with family, GP, Community services* |  |
| **Next steps***Plan, Expectations* |  |
| **Referrer Name** |  |
| **Relationship** |  |
| **Contact details**  |  |