



Mana o te Tongata Trust

REFERRAL FORM

Email completed form to: admin@manaotetangata.org.nz for both offices
Alternatively post to: PO Box 5569 Terrace End Palmerston North.

YOUTH REFERRAL FORM

Clients information

First Names: _____	NHI: _____ D.O.B. _____ / _____ / _____
Surname: _____	Gender: _____ Age: _____
Email: _____	Ethnicity: _____ / _____
Address: _____	Iwi (if applicable): _____
City / Town: _____ Postcode: _____	Religion: _____

Contact numbers

Home phone: _____	Mobile phone: _____
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Next of kin

Name: _____	Contact No: Home: _____
Address: _____	Mobile: _____
_____	Email: _____
City / Town: _____ Post Code: _____	Relationship: _____

General Practitioner (Contact Details)

Practitioner Name: _____	Address: _____
Email: _____	Phone: _____

Is this a Self-referral? YES NO

Clients Signature: _____	Date: _____ / _____ / _____
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Referring Organisation (If not a self-referral or a referral made by family/whanau)

Service Referred From: _____ Contact phone number: _____

Referred by (Name of Support worker / Key Worker / Practitioner): _____

Contact details DDI: _____ Email: _____

Signature: _____ Date: ____ / ____ / ____

I consent to my information being sent to Mana o te Tangata Trust to notify them of my consent to participate in this programme.

Signature: _____

Mental Health Condition	
Substance Use / Abuse	
Physical issue / Disability	
Presenting Issues and Risks	
Goals / Strengths / General Comments	

OFFICE USE ONLY			
Referral Received		Allocated Kaimahi	
Data Entered		Date allocated	
Data Scanned		Client Contacted	
PDF Referral to ORG		Referral to	