

# TE WAHAROA/TE WHAKAAETANGA

## REFERRAL & WHANAU CONSENT FORM



TE HIRINGA MATUA  
66 Customhouse St  
Gisborne 4010  
PH: (06) 986 1696

### PLEASE COMPLETE ALL FIELDS

Email referral to [thm@nph.org.nz](mailto:thm@nph.org.nz) or Fax to (06) 929 1688 or drop into office

\*\*All referrals will be acknowledged and followed up. Continuation of service is dependent on eligibility  
Referrer/whanau will be contacted within 10 working days

### TE WHAKAAETANGA – REFERRAL CONSENT

Ka whakaaetanga a te mama/whanau ki te haere mai a matau?

Does the mama/whanau consent to this referral?

AE (Yes) ☐

KAO (No) ☐

Not informed yet ☐

Eligibility for access to public funded health and disability services (attach proof):

☐ NZ Resident ☐ NZ Citizen ☐ NZ VISA ☐ Other: .....

### PARONGO-A-TANGATA – PERSONAL DETAILS

Ingoa

(Name)

NHI

Ra whānau

(Date of Birth)

Tau

(Age)

Te Mātāwaka

(Ethnicity)

Ira tangata

(Gender)

TANE / WAHINE / IRAWHITI  
(Male) (Female) (Transgender)

Kainga Noho

(Address)

Nama Waea

(Contact Phone Numbers)

Kainga (Home)

Waea Pūkoro (Mobile)

Mahi (Work)

Iwi/Hapū/Rohe

(Tribe/Subtribe/Area)

- If you are from  
multiple iwi, write as  
many as you know or  
aware of.

Te Whakawhiti  
Whānau  
(Emergency Family  
Contact)

Ingoa (Name) .....

Kainga Noho (Address) .....

Nama Waea (Phone) .....

Hononga (Relationship) .....

Ingoa (Name)

Ira tangata  
(Gender)

Ra whānau (DOB)

Tau (Age)

Tamariki/Mokopuna

(Children)

Haere tonu ki te whārangi – Continue on the next page



## PARONGO-A-HAUORA – HEALTH INFORMATION

Te take mo te tuku

(Reason for this referral)

\*\*Please attach any other relevant information to this referral that will help us and the whanau gauge more into

Kei te momo tarukino, waipiro ranei?

(Is there any Alcohol or Other Drug(AOD) use?)

☐

AE (Yes)

☐

KAO (No)

- Pātai mai

(Please describe what type of AOD?) Tick below

☐

Waipiro (Alcohol)

☐

Tarukino (Other Drugs)

Tākuta a whānau

(Family GP/Medical Centre)

Kaiwhakawhānau mokopuna

(Midwife)

Te wa e manakohia ana mo te pēpi

(Babys Expected Due Date)

## PARONGO-A-RATONGA - OTHER SUPPORT SERVICES

Ko wai te ratonga e tautoko ana te whanau?

(Are there other community services that are supporting this whanau? Please circle below)

 Ngati Porou Hauora	 Hauora Tairawhiti	 Te Whare Hauora o Te Aitanga a Hauiti
 Turanga Health	 Te Runanganui o Ngati Porou	 Te Kuwatawata
 Te Runanga o Turanganui a Kiwa	 Tauawhi - Tairawhiti Men's Centre	 Oranga Tamariki - CYFs
 Ministry of Justice	 Plunket	 NZ Police
 Barnardos	 Victim Support	 Dept of Corrections

Etahi atu ratonga, e tautoko ana te whanau

(If there are other services not mentioned above, please specify)

## REFERRER DETAILS

☐ Service Provider ☐ Self-referral ☐ Referred by Whanau

Kaituhi

(Referrer)

Ratonga

(Service - if applicable)

Nama waea

(Phone Number)

Tenei Ra

(Today's Date)



**PLEASE READ THROUGH CAREFULLY, COMPLETE AND SIGN BELOW**

To receive service from Te Hīringa Matua – a collective roopu of Ngati Porou Hauora (NPH), Turanga Health (TH), Te Whare Hauora o Te-Aitanga-a-Hauiti (TWHOTA) and Hauora Tairāwhiti;

I, ..... *Your name here* ..... understand that I shall be kept fully informed and involved in the planning and the management of my service needs, including proposed actions to be undertaken. I understand I have a right to decline any service at any time during the engagement with Te Hīringa Matua.

I have received information on my rights and responsibilities (**Code of Health and Disability Services Consumers' Rights**) as a whanau of Te Hīringa Matua and understand the Ngati Porou Hauora Complaints procedures.

**Collection of Information:**

1. I consent to Te Hīringa Matua accessing and sharing information from and with third parties associated to me to assist with planning and monitoring purposes.
2. I understand that if I have any further queries, or concerns that I am unsure of; I can contact one of the Mataora from Te Hīringa Matua.
3. I understand that at any time I can request that a Mataora of Te Hīringa Matua will support my journey and provide advocacy, however, NOT without my express consent.
4. I understand that under the Privacy Act 1993, I have the right to request access to, and correction of, any information held by Te Hīringa Matua.
5. I understand that for quality purposes, my information may be used for reviewing so that Te Hīringa Matua Mataora can practice to the best of their abilities.

**Safety and Protection:**

It has been discussed with me, that under the Domestic Violence Act 1995, Oranga Tamariki Act 1989 (Section 15) and the Vulnerable Children's Act 2014 (Section 6), the Mataora of Te Hīringa Matua are obliged to notify the appropriate services if there is any suspected harm, ill-treatment, abuse, neglect, or deprivation to the unborn baby, child, children or the whanau.

***By signing below, I/we fully understand the above statements.***

Whanau Signature:

Date:

Mataora/Ue Signature:

Date:

Date: