



WHĀNAU TAHI REFERRAL FORM

To ensure that your referral will be processed, please complete all fields

CLIENT DETAILS	
NHI:	Referral Date:
First Name:	Whānau Name:
Guardian Name (If required):	
DOB (dd/mm/yyyy):	
Home Phone (please tick) <input type="checkbox"/> Landline:	<input type="checkbox"/> Mobile Phone:
Email:	
Street Name and Address:	
Suburb:	
City:	Postcode:
Has the Whānau/Client received any services previously from Waipareira? If so please state them below:	
Gender: (please tick) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Residency Status: (please tick) <input type="checkbox"/> NZ Citizen <input type="checkbox"/> NZ Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other:	
Primary Ethnicity:	
Medical - special needs (e.g. hearing, vision):	
Is English your first language? (please tick applicable box) <input type="checkbox"/> Yes <input type="checkbox"/> If No, please state your preferred language:	
Risks - are there any concerns we need to be aware of when doing home visits? (e.g. family dog on property)	
External Referring Provider: (please tick applicable box)	
<input type="checkbox"/> ADHB <input type="checkbox"/> WDHB <input type="checkbox"/> CYFS <input type="checkbox"/> NZ Police <input type="checkbox"/> Probation <input type="checkbox"/> Court <input type="checkbox"/> GP <input type="checkbox"/> Other (please specify below):	
Internal Contact Type: (please tick)	
<input type="checkbox"/> Promotions <input type="checkbox"/> Networking <input type="checkbox"/> Client Request <input type="checkbox"/> Contract <input type="checkbox"/> Assessment	
Contact Name:	Contact Phone:
Service(s) Required – Please state interested service(s) and provide details (e.g. Child Name and DOB):	
OFFICE USE	
Referral Received By:	Date Referral Received:
Date Entered Into Whānau Tahi/Other Database:	

Please send the completed form to: referrals@waiwhānau.com or fax to (09) 838 4314.

Approved & Issued: Executive November 2017	Title: Whānau Tahi Referral Form	Reference: 2/WT- WTRF
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