



He Oranga Tangata

Ngati Kahu Social & Health Services

Phone (09) 406 1441

PO Box 693

Kaitaia 0441

NORTHLAND

Email: referrals@ngatikahu.co.nz

Client Referral Form

- Mental Health & Addictions Community Social Support
- Early Intervention Methamphetamine Support (13 – 24)

Referred from OT TRK CMH Self PHO

GP **Other please name:** _____

Person filling in referral: _____ Date: _____

Relationship to client: _____

Client Details:

Name: _____

Address: _____

Postal Address, if different from above: _____

Email: _____

NHI: Mental Health & Addictions

Phone: (Home): _____ (Work): _____ (Mobile): _____

Ethnicity: _____ Iwi/Hapu: _____

Gender: *(please circle one)* Male / Female DOB: __/__/____ Age: _____

Key Worker: _____ Diagnosis: _____

Next of Kin: _____ Phone: _____

Emergency Contact

Name: _____

Relationship to the client: _____ Gender: *(please circle one)* Male / Female

Address (If different): _____

Phone: (Home): _____ (Work): _____ (Mobile): _____

“He Oranga Tangata”

Dependents Details

Name	DOB	Gender	Ethnicity	Relationship to client	Address
	/ /	Male/Female			
	/ /	Male/Female			
	/ /	Male/Female			
	/ /	Male/Female			

Reason for referral: _____

Attach any supporting information if applicable.

Intervention required: _____

Attach any supporting information if applicable.

Is there anything we need to know about your current or future situation? _____

Attach any supporting information if applicable.

Risk / Potential risks: _____

Attach any supporting information if applicable

Office use only

Date of Referral: ____ / ____ / ____

Excess Entered Date: ____ / ____ / ____

Kaimahi Ora Name: _____

Service: BFC CSS KMP *please circle all that apply*

Ongoing

One Off

Declined

Referred To: _____

CEO Signed: _____ / ____ / ____