



## REFERRAL FORM

PLEASE INDICATE THE MAIN ISSUE OF CONCERN

MENTAL HEALTH

ALCOHOL & DRUG

BOTH

GP: \_\_\_\_\_

Referral Date: \_\_\_\_\_

Referrer Name: \_\_\_\_\_

Agency /Practice: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship To Young Person: \_\_\_\_\_

### **Young Person's Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: M / F / Diverse \_\_\_\_\_

NHI: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Iwi: \_\_\_\_\_

Address: \_\_\_\_\_

Young Person's Contact Number/s: \_\_\_\_\_

Email: \_\_\_\_\_

**For young people under the age of 16, please include parent/caregiver's contact details:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number/s: \_\_\_\_\_

### **Referral Details**

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Safety Issues/Level of risk re: harm to self or others:**

\_\_\_\_\_

Other agencies involved:

\_\_\_\_\_

