

GENERAL INQUIRY FORM

DATE _____

YOUNG PERSON/CLIENT/PERSON OF CONCERN DETAILS

FIRST & LAST NAME			
D.O.B.		AGE	GENDER
ETHNICITY		IWI	
CONTACT NUMBER		EMAIL	
MAIN HOME ADDRESS			
SCHOOL		YEAR	
DOES CLIENT CONSENT TO THIS REFERRAL?			YES / NO

PARENT/CAREGIVER/INQUIRER'S DETAILS

FIRST & LAST NAME			
RELATIONSHIP TO CLIENT			
CONTACT NUMBER		EMAIL	
PARENTAL/CAREGIVER CONSENT			YES / NO

INQUIRING ABOUT

TICK ALL APPROPRIATE

RESPITE <input type="checkbox"/>	FAMILY SUPPORT <input type="checkbox"/>	MENTORING <input type="checkbox"/>	COUNSELLING <input type="checkbox"/>
ANYTHING ELSE?			

REASON(S) FOR REFERRAL TICK ALL THAT APPLY		OTHER SERVICES INVOLVED TICK ALL THAT APPLY, IF ANY AND IF KNOWN	
TIME-OUT	<input type="checkbox"/>	ORANGA TAMARIKI	<input type="checkbox"/>
TRUANCY AND SCHOOL PROBLEMS	<input type="checkbox"/>	SCHOOL	<input type="checkbox"/>
BREAKDOWN IN FAMILY UNIT	<input type="checkbox"/>	YOUTH JUSTICE	<input type="checkbox"/>
BEHAVIOURAL PROBLEMS	<input type="checkbox"/>	ICAMHS	<input type="checkbox"/>
ANY OTHER REASONS	ANY OTHER AGENCIES INVOLVED		
ANY OTHER COMMENTS, BEHAVIOURAL CONCERN OR REASON FOR THE REFERRAL:			

Thank you for your referral.

One of the ImpacTauranga Management team will be in touch within 24 hours

PLEASE EMAIL A COPY TO
admin@impactauranga.org

OR POST TO:
ImpacTauranga
PO Box 15-035
TAURANGA 3144