

REFERRAL FOR SERVICES FORM

For agencies to fill out for ImpactTauranga

DATE _____

REFERRER'S DETAILS

NAME

ORGANISATIONAL NAME

ROLE IN ORGANISATION
(OR RELATIONSHIP TO CLIENT)

CONTACT NUMBER

EMAIL

PERSON OF CONCERN'S DETAILS

FIRST & LAST NAME

D.O.B.

AGE

GENDER

MALE / FEMALE

ETHNICITY

LANGUAGE AT HOME

IWI

MARAE

RELIGIOUS AFFILIATION

PLACE OF WORSHIP

CONTACT NUMBER

EMAIL

ADDRESS

LIVING WITH

RELATIONSHIP

PARENT 1/PRIMARY CAREGIVER DETAILS

FIRST & LAST NAME

RELATIONSHIP TO CLIENT

CONTACT NUMBER

EMAIL

LEGAL GUARDIAN

YES / NO

PARENT 2/CAREGIVER DETAILS

FIRST & LAST NAME

RELATIONSHIP TO CLIENT

CONTACT NUMBER

EMAIL

LEGAL GUARDIAN

YES / NO

SIBLINGS

NAME

AGE

OTHER PEOPLE RESIDING IN THE PERSON OF CONCERN'S HOME

FIRST & LAST NAME

RELATIONSHIP

CONTACT NUMBER

EDUCATION	
SCHOOL	YEAR
SCHOOL CONTACT DETAILS	EDUCATION LEVEL
SCHOOL ISSUES AND INVOLVEMENT	

MEDICAL SUMMARY			
VISION PROBLEMS	<input type="checkbox"/>	MOOD DISORDER	<input type="checkbox"/>
HEARING PROBLEMS	<input type="checkbox"/>	LEARNING CHALLENGES/DISABILITIES	<input type="checkbox"/>
ASTHMA	<input type="checkbox"/>	INTELLECTUAL CHALLENGES/DISABILITIES	<input type="checkbox"/>
EATING DISSORDER	<input type="checkbox"/>	ASPERGERS	<input type="checkbox"/>
EPILIPSY	<input type="checkbox"/>	AUTISM	<input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	PTSD	<input type="checkbox"/>
TRAUMA	<input type="checkbox"/>	ANXIETY	<input type="checkbox"/>
IF OTHER, PLEASE DESCRIBE:			
GP NAME/CLINIC		GP CONTACT DETAILS	

FAMILY DYNAMICS

STRENGTHS OF PERSON OF CONCERN	STRENGTHS OF WHANAU
SUPPORT FROM WHANAU <input type="checkbox"/>	PROTECTIVE TOWARDS TAMARIKI <input type="checkbox"/>
TALENTS <input type="checkbox"/>	CONNECTED TO COMMUNITY <input type="checkbox"/>
COMMUNICATION SKILLS <input type="checkbox"/>	POSITIVE SUPPORT NETWORKS <input type="checkbox"/>
POSITIVE GOALS <input type="checkbox"/>	CLEAR RULES AND BOUNDARIES <input type="checkbox"/>
OTHER:	

SERVICES NEEDED

PLEASE TICK WHICH SERVICE ARE YOU LOOKING FOR:			
RESPITE <input type="checkbox"/>	FAMILY SUPPORT <input type="checkbox"/>	MENTORING <input type="checkbox"/>	COUNSELLING <input type="checkbox"/>
OTHER, PLEASE SUGGEST: <i>I.E. ALTERNATIVE EDUCATION, GRIEF COUNSELLING, GET SMART, LONG TERM HOUSING, ETC...</i>			

REASON(S) FOR REFERRAL

THE PERSON OF CONCERN REQUIRES IMPACTAURANGA SERVICE BECAUSE OF

DISPLAYING SIGNS OF TRAUMA <input type="checkbox"/>	PEER REJECTION/BULLYING <input type="checkbox"/>
DISPLAYING ANTI-SOCIAL/HYPERACTIVITY <input type="checkbox"/>	OFFENDING BEHAVIOUR <input type="checkbox"/>
EXPOSED TO FAMILY VIOLENCE <input type="checkbox"/>	MANAGING BEHAVIOUR AT SCHOOL <input type="checkbox"/>
DRUG & ALCOHOL ABUSE <input type="checkbox"/>	MENTAL HEALTH: SELF HARM/SUICIDAL IDEATION <input type="checkbox"/>
ASSOCIATION WITH NEGATIVE PEERS <input type="checkbox"/>	POOR EDUCATION ATTENDANCE <input type="checkbox"/>
MULTIPLE PLACEMENT ISSUES <input type="checkbox"/>	EMOTIONAL DYSREGULATION <input type="checkbox"/>

PARENTAL/CAREGIVER DIFFICULTIES

DIFFICULTY WITH ALCOHOL/DRUG/SUBSTANCE ABUSE <input type="checkbox"/>	HEALTH <input type="checkbox"/>
RELATIONSHIP /EXPOSURE TO FAMILY VIOLENCE <input type="checkbox"/>	TRAUMA: DEATH/DIVORCE/CRIME-IMPANEMENT <input type="checkbox"/>

ENRONMENT

UNSTABLE HOUSING/FREQUENT MOVING/OVERCROWDING <input type="checkbox"/>	NO PHONE / NO TRANSPORT <input type="checkbox"/>
UNEMPLOYMENT/LOW INCOME <input type="checkbox"/>	LACK OF SUPPORT <input type="checkbox"/>

ANY OTHER BEHAVIOURAL CONCERNS OR REASONS FOR THE REFERRAL:

PREVIOUS CONCERNS/HISTORY

PLEASE PROVIDE A BRIEF HISTORY OF WHAT HAS BEEN TRIED, WHEN AND THE OUTCOME

LIST AGENCIES AND OTHER SIGNIFICANT PEOPLE INVOLVED (PAST AND CURRENT)

NAME	RELATIONSHIP	CONTACT NUMBER

ANY SIGNIFICANT UPCOMING DATES?

AGENCY/TYPE	DATE
COURT	
FAMILY GROUP CONFERENCE	
IWS	
OTHER:	

DESIRED OUTCOMES

HAS THIS REFERRAL BEEN DISCUSSED AND AGREED TO BY PERSON OF CONCERN/FAMILY?

YES / NO

☐ VERBALLY

OR

☐

SIGNATURE
PERSON OF CONCERN / PARENT/CAREGIVER

DATE

DATE

ATTACHMENTS

LIST BELOW AND PROVIDE ANY RELEVANT ATTACHEMENTS

I.E. EXTRA NOTES/INFORAMTION,, GATEWAY ASSESSMENT, GENEGRAM, PLANS (COURT, FGC, ETC...) SCHOOL REPORT, ETC...

THANK YOU