

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"/>
EPILEPSY	<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
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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 FAMILY SUPPORT MENTORING COUNSELLING

OTHER, PLEASE SUGGEST:

I.E. ALTERNATIVE EDUCATION, GRIEF COUNSELLING, GET SMART, LONG TERM HOUSING, ETC...

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-IMPRANEMENT	<input type="checkbox"/>

ENVIRONMENT

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

DATE

OR

SIGNATURE
PERSON OF CONCERN / PARENT/CAREGIVER

DATE

ATTACHMENTS

LIST BELOW AND PROVIDE ANY RELEVANT ATTACHMENTS

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

THANK YOU