## Whānau/Family Works Intake & Referral Form FamilyWorksA1

|  |
| --- |
| **Client Details –** who is the referral for |
| First name:      Last/family name:      | Preferred name:     Gender: D.O.B: |
| Street Address:     Suburb:     City/Town: Post Code: | Phone:  Mobile:Email:Preferred method of contact: |
| Ethnicity: NZ Māori[ ]  NZ European[ ]  Pacific Island [ ]  Asian[ ]  Other: |
| Relationship Status: Single **[ ]**  Married / Partner **[ ]**  Separated **[ ]**  Divorced **[ ]**  Widow/er **[ ]**  Child/young person **[ ]**  |
| **Support Person/Second Contact**  |
| First name:       Last/family name:     Address:       | Male q Female q D.O.B     Phone: Mobile:Email:Relationship/role: |
| Ethnicity: NZ Maori [ ]  NZ European[ ]  Pacific Island[ ]  Asian [ ]  Other:      |
| Medical Support Contact DetailsDoctors name      | Medical Centre Name:      Phone:      |
| **Dependant Children**  |
| First Name | Last Name  | DOB | Gender | Ethnicity | Address (If Different from Above) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Referrer details** |
| **Referral Source**: Self qFamily/friend q Education q Health qMental Healthq MVCOTqCourt q Police q Other: |
| Referrer Name:     Organisation | PhoneMobile | Email; |
| Have you had contact with Presbyterian Support before? Yes q No q When:       Which Service:      |
| Which service are you referring to? Social Work [ ]  Counselling [ ]  SWiS [ ]  Other:      |
| Is parent/guardian aware of referral Yes q No q Date verbal consent obtained:     Parental consent is required for children under 12 years old |
| **What are the identified concerns for this referral?** |
| Is there involvement with another agency regarding these concerns? Yes**[ ]**  No**[ ]**  | Agency |
| Is there a Protection Order in place? Yes**[ ]**  No**[ ]**  | Details: |
| Specific needs/general comments: |
| **Availability for appointments:** |
| **Referral completed by:** **Name:       Signature:       Date:** |