## Whānau/Family Works Intake & Referral Form FamilyWorksA1

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| **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 Details  Doctors name | | | | | | Medical Centre Name:  Phone: | | | |
| **Dependant Children** | | | | | | | | | |
| First Name | Last Name | | DOB | | Gender | | Ethnicity | Address (If Different from Above) | |
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| **Referrer details** | | | | | | | | | |
| **Referral Source**: Self qFamily/friend q Education q Health qMental Healthq MVCOTqCourt q Police q  Other: | | | | | | | | | |
| Referrer Name: Organisation | | Phone  Mobile | | | | | 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:** | | | | | | | | | |