



KO WAI TŌU INGOA HAUORA REFERRAL FORM

(Please write clearly)

PERSON BEING REFERRED DETAILS

DATE:

First Name _____

Gender M F Gender Diverse

Middle Initial _____

Last Name _____

Date of Birth _____

ADDRESS DETAILS

Home Address _____

Home Phone _____

Mobile Phone _____

Work Phone _____

(This number will be added to your file as contactable)

Email _____ (This will be added to your file as contactable)

Nationality (If Māori what tribe, if Islander what grouping)

DOCTOR

Māori _____

Doctor _____

Pasifika _____

Clinic _____

European/
Other _____

Phone _____

ADDITIONAL DETAILS FOR TAMARIKI/RANGATAHI UNDER 16 YEARS

Contact Details for Mother Father Guardian

Name _____

Home Phone _____

Address _____

Mobile Phone _____

Work Phone _____

EMERGENCY CONTACT (They must be aware)

Name _____

Relationship _____

Home Phone _____

Mobile Phone _____

Comments _____

REFERRAL DETAILS

Referral Date _____

Work Phone _____

Referral Source Agency Self Whānau

Mobile Phone _____

Contact Person _____

Email _____

Are there children currently in your care?

- Unknown
 Yes*
 No

Are you currently involved with other agencies? If yes, please indicate.

- Yes _____
 No

Signature:

(By signing you acknowledge that all details are accurate, if this is an interagency referral that the person has consented to their information being shared, otherwise you could be in breach of the Privacy Act)



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REASON FOR REFERRAL

(Reason(s) you are wanting support from Ko Wai Tōu Ingoa Hauora i.e., I have recently lost my job and I am not coping)

RISK ASSESSMENT – In the last week how often did you feel? (please circle)

Rating Scale	None	Little	Some	Most	All
So sad nothing could cheer you up	0	1	2	3	4
Worried or frightened?	0	1	2	3	4
Restless or stressed?	0	1	2	3	4
Hopeless?	0	1	2	3	4
That everything was an effort?	0	1	2	3	4
Worthless?	0	1	2	3	4

Assessment (please tick if applicable)

Have you experienced any of these?

✓		✓		✓		✓		✓		✓	
Anxiety		Fearful		Gaming issue		Relationship breakup		Jobless		Discrimination	
Depression		Thoughts of self-harm		Pornography issue		Sexual abuse victim		Homeless		Stigma	
Hearing voices		Uses alcohol to cope		Online issue		Sexual abuse perpetrator		Lack of food		LGBTQIA+	
Seeing things		Uses illegal drugs to cope		Cellphone issue		Witness to sexual abuse		Elder abuse		Religion	
Constantly crying		Gambles excessively		Abuses spouse		Suicide loss		Dishonesty		Cultural	
Panics easily		Grief & Loss		Abuses child(ren)		Suicide survivor		Anger & argumentative		Sole parent	
Obsessive		Frets		Abuses animals		Suicide witness		Blames others		Recent split	
Helpless		Frustrated		Forgetful		Been in mental health unit		Been in jail		Beneficiary	

(This is so we understand you a little more, your information is confidential)

OFFICE USE ONLY

Score _____ Priority: Low Med High

Referral Date: _____

- SA
- RTL
- JTH

Rangatahi

Whānau

Kāhui pakeke

Takatāpui