Real Group Referral Form

Referral must be completed and sent to [lakes@real.org.nz](mailto:lakes@real.org.nz) by Friday the 2nd of July. For more information on the groups or if you require assistance or have any questions please email [lakes@real.org.nz](mailto:Lakes@real.org.nz)

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| **Rangatahi/Young Person Information** | Name of young person: | | | | | |
| Age: | | | | | |
| DOB: | | | | | |
| Preferred gender: | | | | | |
| NHI (if known): | | | | | |
| Ethnicity: | | | | | |
| School attended (if applicable): | | | | | |
| Year level at school: | | | | | |
| Young person’s address: | | | | | |
| Young person’s mobile number (if applicable): | | | | | |
| Young person’s email (if applicable): | | | | | |
| Known allergies and dietary requirements: | | | | | |
| Known medical conditions and ailments: | | | | | |
| GP Practice:  GP name:  When approximately was last GP appointment? | | | | | |
| Living situation:  Living with Family  Flatting/Boarding  Government assisted accommodation | | | | | |
| Employment  Full time  Part time  None | | | | | |
| Covid Impact. *With recent events has the young person and their family been impacted negatively eg. Job losses, financial pressure, relationship difficulties, unstable housing, and stress?*  Significant negative impact  Some negative impact  Little/no impact | | | | | |
| Substance use: | | | | | |
|  | Never | (monthly or less)  Occasionally | Weekly | Daily | Unsure |
| Smoking |  |  |  |  |  |
| Vaping |  |  |  |  |  |
| Alcohol |  |  |  |  |  |
| Marijuana |  |  |  |  |  |
| Synthetics |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Current services involved and key person: *Real, ICAMHS, School counsellor, etc. and the name of the person who has the most contact with eg. key worker* | | | | | |
| What group are you referring this young person to?  Conquer- for social anxiety and exposure *(previously Social Confidence Group)*  Flourish- for generalised anxiety  Stride- for low mood  Other need. Please state need: | | | | | |
| Has the young person agreed to this referral? Yes No | | | | | |
| How does the young person feel about attending?  Does not want to attend group  Would like to attend group but is very nervous  Is really excited and motivated to attend  Other: | | | | | |
| Does the young person have transport to and from group? Yes No | | | | | |
| Tell us a bit about this young person and why that would benefit from the group?  *ie. Is there any significant background information that facilitators should know, has this young person completed any work in the past, what are their current goals, and what do they hope to gain from the group?*  *The information provided below helps facilitators to determine if the young person is an appropriate fit in the group, so please answer thoroughly.* | | | | | |
| Please indicate any risks or triggers that the facilitators should be made aware of? \*  Young person has been exposed to family violence  Challenging parent/ young person relationship  Care and protection concerns or known issues  Anger and violence difficulties  Social difficulties  Trauma  Grief  Cognitive and learning disabilities eg. ID, head injury, dyslexia, etc.  Young person has diagnosed conditions, chronic health or disabilities  None to referrers knowledge  Other:  If you selected yes to any of the above risks or triggers, please explain below. | | | | | |

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| **Referrer Information** | Date of Referral: |
| Who has completed this referral: |
| Relationship to the young person: |
| Contact number (if applicable): |
| Email address (if applicable): |

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| Emergency Contact and Consent | Caregiver Name: |
| Emergency Contact and Consent: |
| Contact phone number: |
| Contact email address: |
| The caregiver has given verbal consent and is aware of this referral  *All young people aged 15 and under must have consent from a legal guardian*  Yes No |