

## Real Whetū Marewa Referral Form

### Key Demographics

Name:	Date of birth:
Address:	NHI number:
	Gender Identity:
	Preferred pronouns:
Mobile number: Email:	Ethnicity:
School and Year Group / Work:	Iwi / Hapu:

### Key contacts

Parent/Caregiver Name:	Contact details:
Emergency contact (if different from above):	Contact details:
Referrer name and position:	Contact details:
Doctor/General practice:	Contact details (practice, email, address):

Is the taiohi connected with any other services or agencies? E.g. Oranga Tamariki, CAMHS, Probation, School or general counselling or mentoring etc. YES (list below) ☐ NO ☐

Name: Role: Agency:	Contact details:
Name: Role: Agency:	Contact details:

For Agencies: Is the taiohi/whānau aware of the referral? (Please tick) Taiohi ☐ Whānau ☐

What is the preferred method of contact? (Please tick) Phone ☐ Text ☐ Email ☐

What is the preferred contact time? (Please tick) Morning ☐ Afternoon ☐

What is the preferred day of the week? Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐

**Taiohi support information**

*The below questions help us help you best. If you don't want to answer or don't know, leave it blank and we'll follow up with you when we connect.*

What are your goals? What are you wanting to achieve from Real?

Current and historical Safety Concerns (for example, self-harm and suicide, family harm, fights etc.)

Mental Health History? (for example, experiences of low mood and anxiety, any existing diagnoses)

Drug, Alcohol or Gambling Use: Please list substances used, how much and how often. Please list any problematic behaviours from these uses.

Physical conditions/allergies and relevant medications?

Sensory, learning, mobility, or communication needs?

Smoking/Vaping status:

Legal Status or Involvement (e.g. bail, probation, sentence conditions, offending history)

Any other supporting documents: *(Please attach)*

**Secondary services supporting information***Documentation must be attached*

Comprehensive Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Case notes of Current Referral Context	<input type="checkbox"/> Yes <input type="checkbox"/> No
Behavioural Management Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No
Risk Management Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No

**We agree to the referral:**

Taiohi signature: \_\_\_\_\_

Referrer signature: \_\_\_\_\_

Whānau signature: \_\_\_\_\_

Real kaimahi signature: \_\_\_\_\_

Date: \_\_\_\_\_