Te Whare Karamu – Referral Form

Date		Received By	
Referral Agency		Address	
Referred By		Contact Phone	
Reason for Referral			

Client Details

Name		Date of Birth	
Gender	Male □ Female □		
Address			
Home Phone		Mobile Number	
Ethnicity		Iwi affiliation	
Smoker (Issue Smoking guidelines)	Yes □ No □		

Name		Date of Birth	
Gender	Male □ Female □		
Address			
Home Phone		Mobile Number	
Ethnicity		Iwi affiliation	
Smoker (Issue Smoking guidelines)	Yes □ No □		

Childs Name		Date of Birth/ EDD	
Gender	M □ F □	NHI	
Immunisation s			

Parents/Guardians Details

Surname		First Name	
Address			
Phone Number		Mobile Number	

Support Details

GP		Midwife/Well Child Provider	
Other Supports			

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Te Taiwhenua o
HERETAUNGA

Te Whare Karamu – Referral Form

Referral to/Involvement with other Services

Te Taiwhenua o Heretaunga

Aukati Kai Paipa		Safer Environments for Whanau	
Dental Educator		Tane Manaaki	
Maori Disability Support		Tamariki Ora	
Youth Transition Service		Te Tirahou ECE	
Car Seat Service		Family Start	
Other			

Other External Services

A & D Counselling		Relationship Counselling	
Budget Advice		ECE Providers	
Housing NZ		Family Courts	
Midwife		Private Sector Assistance	
Sexual Health		P.A.F.T	
Dove HB		WINZ Information	
Correspondence School		Colenso TPU	
Other Education Provider		Mental Health Services	

Would you be interested in attending group sessions on any topic?	
What other topics would you be interested in learning more about?	

Office Use Only:
REF – Refer to Another Agency **RAV** – Refer for Assessment Visit **NFA** – No Further Action
Recommendation: ______________________________
Kaimahi Whanau: ____________ Supervisor: ______________ Date: ________

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