NGATI KAHU
SOCIAL & HEALTH SERVICES

Phone (09) 406 1441
Whare Awhina, 35 Puckey Ave
PO Box 693, Kaitaia
E: referrals@ngatikahu.org.nz

Client Referral Form

"*" indicates required fields

Referred from*

☐OT ☐TRK ☐Self ☐GP
☐PHO ☐CMH ☐Housing ☐Other

Organisation name

Date*

Person filling in referral*

Relationship to client*

Referrer email*

Referrer phone*

Client Details

Name*

First

Last

Address*

City

Region

Postal Code

Postal Address (if different from above)

City

Region

Postal Code

Phone: (Home)

Phone: (Work)

Phone: (Mobile)

Email*

NHI

Ethnicity*

Iwi/Hapū

Gender*

☐Male ☐Female

Date of birth*

Age*

Key Worker

Diagnosis

Next of Kin

Phone

Emergency Contact

Name*

First | Last

Relationship to client*

Gender

☐ Male ☐ Female

Address (if different)

City | Region | Postal Code

Phone: (Home) **Phone: (Work)** **Phone: (Mobile)**

Dependents Details

Dependents

Name	D.O.B	Ethnicity	Relationship	Address

Reason for referral* Attach any supporting information if applicable

Intervention required Attach any supporting information if applicable

Is there anything we need to know about current or future situation?

Risk / Potential Risk

Office Use Only

Date of referral:	*Service referred to:* ☐ *Ongoing* ☐ *One Off* ☐ *Declined*
Kaimahi name:	*Authorised signature & date:*