**PGF Services Referral Form**

**Please complete and forward to PGFNZ to** [**referrals@pgf.nz**](mailto:referrals@pgf.nz)

**Phone: 0800 664 262**

**You can also complete a form online at** [**www.pgf.nz**](http://www.pgf.nz)

***Welcome to PGF Services. Counselling services are free of charge and available to any person who has a problem with gambling or any person who is affected by someone else’s gambling. Counselling is available by appointment – some afterhours appointments are available in certain areas. Counsellors are tertiary qualified and have professional memberships. You are welcome to bring a support person with you to your sessions. You can have as many sessions as you need.***

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| **Date:** Click here to enter a date.  **Client name:** Click here to enter text.  **Client address: Click here to enter text.**  **Town or City: Click here to enter text.**  **Client contact details: Phone Click here to enter text. Email Click here to enter text.**  **Date of birth: Click here to enter a date. Male  Female**  **Gambler  Affected Other  Mode of Gambling Click here to enter text.**  **Ethnicity: Click here to enter text.**  **Is it okay to leave a message on your phone? Yes  No**  **Is it okay to send you an email? Yes No** |

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| **Name of referring agency: Click here to enter text.**  **Name of person directly involved with the client: Click here to enter text.**  **Contact details: Phone Click here to enter text. Fax Click here to enter text. Email Click here to enter text.**  **Reason for referral: Click here to enter text.** |

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| **Is the client involved with any of the following;**  **Probation  Mental Health  Legal  Budgeting  Other**  **Please describe: Click here to enter text.**  **Is the client at risk in any of the following areas;**  **Suicide  Self-Harm  Family Violence  Other**  **Please describe: Click here to enter text.** |

***Thank you for your referral PGF Services.***

***A duty counsellor call the client to arrange an appointment within one working day.***