# REFERRAL FORM

Please use to this form to refer whānau service users to Yellow Brick Road Waikato. Yellow Brick Road specialises in providing support, information, education, and advocacy for whānau who have a loved one experiencing mental health challenges.

**Referrer Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Referred by:** |  |
| **Contact Ph**: |  | **Organisation:** |  |

**FAMILY WHANAU DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Phone:** |  |
| **Address:** |  | **Mobile:** |  |
|  |  | **Ethnicity:** |  |
| **Relationship to service user:** |  | **Email:** |  |

|  |  |
| --- | --- |
| **Consent** | I………………………………………………consent for YBR to contact me by telephone or email. Please leave / do not leave a message for me. Signed…………………………………………………………………………………Date:……………………… Signature of family whanau member  **OR**  I, the referrer, have obtained verbal permission from the person named above for YBR to contact them.  Signed…………………………………………………………………………………Date:……………………… (Signature of referrer) |

**Service User/Tangata Whaiora Details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | |  |  | | --- | --- | |  |  | | **DOB:** | |  |  |  | | --- | --- | --- | |  |  |  | |
| **Information & Background** |  | | |
| *Recent history and/or diagnosis if known. Family concerns or goals if known* | | |

Return by post/email to Yellow Brick Road Waikato

YWCA Building, 28 Pembroke St, Hamilton 3204| [waikato.office@yellowbrickroad.org.nz](mailto:waikato.office@yellowbrickroad.org.nz)

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