

CLIENT INFORMATION					
Legal Name					
Preferred Name					
Address					
DOB	Gender Male / Female		NHI		
Phone		Email			
Ethnicity		lwi/Hapu			
GP Contact Details					
Next of Kin / Guardian		Contact Number			

SERVICES				
Service required (please circle)	Mahi Tū Ora/Vocational Support	Rangatahi/Youth Alcohol and other Drug Counselling		
Has client been informed of referral?	Yes / No	Rangatahi Guardian sign off		
Reason for referral				
All other relevant information				
Other services involved				

REFERRER DETAILS				
Date referred	Referred by (Organisation)			
Referrer's Name		Position		
Phone	Email			

OFFICE USE ONLY	Date Recieved	Date Allocated
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