



TE PAEPAE ARAHI

Te Paepae Arahi Referral Form

First Name:		Middle Name/s:
Last Name:		Preferred Name:
Contact	Address	
Landline:	Street:	
Cell:	Suburb:	
Email:		
Date Of Birth:	Gender:	NHI Number:
Age:		
Ethnicity:		Iwi:
Additional Iwi and Hapū:		
Whānau support / Next of kin		
Name:		Relationship:
Landline:		Cell:
Address:		
Referred by		
<input type="checkbox"/> Self <input type="checkbox"/> Whānau <input type="checkbox"/> Other		
Referrer details		
Name:		Service:
Number:		Email:

Please tick which support you would like:

- Alcohol and other drug support
- Drink driving course
- Wellbeing and mental health support
- Youth support

Te Paepae Arahi has a range of support workers: male, female, Māori, Pākehā and Pasifika. If you have a culture or gender preference please let us know and we will match you with an appropriate support worker.

Preference: _____

Reason For Wanting Support:

GP / Doctor
Service Name:

Doctor's Name

Phone No:

Address/ Area:

Mental Health Clinician (if applicable and if different to referrer)

Service Name:

Clinician Name

Phone No:

Address/ Area:

Current legal issues, Corrections involvement, court orders, sentences:

Key contact:

Tangata Whaiora Signature:

Date:

HEALTH INFORMATION

If available, the following information would be useful also; if it's already in attachments no need to replicate here.

Mental Health/ Addictions (Please include diagnosis and/ or description)

Current:

Current Medications (dose and frequency):

Historic:

Physical Health (Please include diagnosis and/ or description)

Current: *Please list any health issues we should be aware of e.g. contagious or infectious issues, or issues affecting mobility*

Current Medications (dose and frequency):

Historic:

Whānau Health

Current:

Historic:

Risk to self or others: self-harm, suicide, violence, drink driving, overdose, sharing needles, health etc.