**Ease Up - Referral Form**

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| --- | --- | --- | --- |
| **Date** |  | **Time** | |
| **Name** |  | | |
| **Address** |  | | |
| **D.O.B.** |  | **NHI No.** |  |
| **Home Phone** |  | **Cell Phone** |  |
| **Email** |  | | |
| **Gender** | Male  Female  Other specify..…………… | **Ethnicity** |  |
| **GP** |  | | |
| **Other services involved in supporting rangatahi**  School  Primary care  Church  Oranga Tamariki  CAFMs  Kaupapa Māori  Other: | | | |
| **Young person must be made aware and consent to referral before proceeding can you please confirm the young person is aware and consenting to this referral**  Yes  No | | | |
| **Presenting issues**  *Level of distress, relationship issues, Family conflict/distress, homelessness, AOD, low mood, anxiety, offending, self-harm, suicidal ideation, post suicide intervention* |  | | |
| **Initial risk assessment**  *Risk from others, risk to self, abuse, neglect, insight, history of risk. Risk factors shared with family, GP, Community services* |  | | |
| **Next steps**  *Plan, Expectations* |  | | |
| **Referrer Name** |  | | |
| **Relationship** |  | | |
| **Contact details** |  | | |