



OFFICE USE ONLY:	
Acknowledge Referral:	
New: Y/N Entered in Cliniko:	
Call 1	Call 2
Call 3	
Appt Booked:	
Attended: Y/N	Rebooked
Closed	Not Engaged:

## REFERRAL SHEET INTO:

### Otorohanga Support House Whare Awhina

Counselling <input type="checkbox"/>	Family Support <input type="checkbox"/>	Community Worker <input type="checkbox"/>	Housing Navigator <input type="checkbox"/>	Budgeting <input type="checkbox"/>
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Office Use Only: C/S CODE: \_\_\_\_\_ F/S CODE: \_\_\_\_\_ C/W Code: \_\_\_\_\_ Bud Code: \_\_\_\_\_

Date: \_\_\_\_\_

Referred By: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Who is this referral for?

Name (in full): \_\_\_\_\_

Preferred Name: \_\_\_\_\_ D.O.B.: (If known): \_\_\_\_\_

Address (in full): \_\_\_\_\_

Email: \_\_\_\_\_ Gender: Male/Female/Other/Unknown

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_

Can we text you on this number? Y / N      Leave Voicemail? Y/N      Would you like reminder texts sent? Y / N

#### Family Details:

**Mother:** (in full): \_\_\_\_\_ Phone: \_\_\_\_\_

Address and contact details: \_\_\_\_\_

**Father** (in full): \_\_\_\_\_ Phone: \_\_\_\_\_

Address and contact details: \_\_\_\_\_

**OR** Caregiver (if not parents): \_\_\_\_\_ Phone: \_\_\_\_\_

**OR** Alternative contact in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

#### **Are there details/records we should know about?** \_\_\_\_\_

Are there other agencies/services involved: Yes/ No \_\_\_\_\_

Contact details: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Contact details: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_

**Why is this referral being made?(Briefly):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[illegible]