

**Parentline Charitable Trust**

# 48 Palmerston Street

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| ***Entry criteria to Parentline:*** |

***You must tick two items; they are mandatory Parentline service entry criteria:***

1. The Parent/Caregiver is aware and agrees to this referral being made to Parentline?
2. The child is less than 13 years?

***You must tick at least one of the following items:***

1. Or parent/caregiver wish to attend:

* Positively Parenting
* Incredible Years
* Keeping Ourselves Safe
* Bullying
* Manaakitia Mai

1. Has your child experienced either:

* Sexual abuse
* Physical abuse
* Emotional abuse
* Neglect
* Domestic Violence

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| ***If the above entry criterion are met, please complete all sections of this e-referral form and send it to the above email address. Your referral will be formally acknowledged. Thank you.*** |

**Child / Client Details Referral Date**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname: | | Given Names: | | | | |
| Also known as: | | Address: | | | | |
| Suburb: | | City/Town: | | | | Postcode: |
| D.O.B. | Gender: | | | Main phone contact: | | |
| Email address: | | | | Alternate / mobile phone: | | |
| Ethnic Background: | | | Is the client proficient in spoken English: | | | |
| School attended: | | | Current attendance: | | | |
| Do you have a Family G.P/Doctor | | | Are Immunisations up-to-date? | | | |
|  | | | | | | |
| Is the child included on a protection order  Protection Order No:  Date/Place of Issue………… | | Is there family violence? Currently  Historically | | | | |
| 3rd Party service providers (tick the following services that are/have been involved): | | | | | | |
| Medical practitioner Yes | NGO services | | | | Work and Income | |
| Educational services | Iwi Social Services | | | | Corrections Services | |
| Disability services | Accommodation services | | | | Counselling services | |
| Legal services | Police services | | | | CAMHS | |
| Health care services | Child Youth and Family Services | | | | Hauora Waikato | |
|  | | | | | | |

List the people living in the household:

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| --- | --- | --- | --- | --- |
| *Full Name* |  | *Relationship to Client* |  | *Date of Birth* |
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Significant family members living Outside the Home

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| --- | --- | --- | --- | --- |
| *Name* |  | *Relationship to Client* |  | *Date of Birth* |
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**Principal Contact Person Details**

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| --- | --- | --- | --- |
| Relationship to client: | Guardian | Preferred contact: | |
| Surname: | Given names: | | |
| Email: | Phone: | | |
|  | Mobile: | | |
| Address: | Suburb: | | Post Code: |

**Secondary Contact Person Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship to client: | Guardian: | Preferred contact: | |
| Surname: | Given names: | | |
| Email: | Phone: | | |
|  | Mobile: | | |
| Address: | Suburb: | | Post Code: |

**Referral DETAILs**

|  |  |  |
| --- | --- | --- |
| Referral source: | Full Name: | |
| Address: | Suburb: | Post Code: |
| Mode: | Phone contact: | |
| Referrer Role: | Email address: | |
| Referrer has discussed referral with  client  client guardian  next of kin  don’t know | | |

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| **family PROTECTIVE factors**  Good family support network  Good social support network  Accesses community services and resources  Stable housing  Stable employment | Access to good adult role models  Personal insight into difficulties  Motivated to change  Secure family history |

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| **REFERRER CONCERNS** *(check the box only if you are sure):*  How long has this problem been a concern?  Has the difficulty been evaluated or treated before?  Is the difficulty a medical illness?  Does the client have a suspected mental health diagnosis?  Does the client have a confirmed mental health diagnosis?  Is the difficulty primarily related to situational stress?  Is the client on any medication?  Is the difficulty related to family issues?  Is the difficulty related to child harm? |

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| **Family risk factors** | |
| Adult relationship difficulties  No family support  Current legal concerns  Domestic / Family Violence concerns  Drug and alcohol concerns  Grief and loss concerns  Social isolation / alienation  Personality concerns  Mental Health concerns | Suicidal / self harming behaviours  Sexual abuse history (parent/family member)  Socio-economic difficulties  Accommodation issues  Learning / intellectual difficulties  Employment / income concerns  Family member in detention  Family member has a disability  General parenting concerns |

**SELF Harm assessment**

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| --- | --- | --- |
| Yes score = 0 | | Client has no reports of self harm ideation or intent to self harm |
| Yes score = 0 | | Client has reports of non-hazardous self-harm without suicidal intent (eg., scratching, etc) |
| Yes score = 1 | | Client has thoughts of self harm ( expressed feelings of worthlessness;  hopelessness;  life not worth living;  thoughts or urges of self harm). |
| Yes score = 2 | | Client threatens self harm ( overt expressions of taking own life  overt expressions to self harm). |
| Yes score = 3 | | Client has plans to self harm ( evidence of preparation eg., notes, collecting pills, etc). |
| Yes score = 4 | | Client has engaged in deliberate self harm ( high risk taking behaviour - playing chicken with cars;  cutting,  burning,  biting in absence of intellectual impairment;  taking of toxins). |
| Yes score = 5 | | Client has previously attempted to take life ( recent discharge from hospital, recovering at home). |
| Yes score = 6 | | Client has Intent with access to Means ( very high risk to self  access to means) |
| Cumulative score  0  1  2 - 5  6  >6 | *Interpretation of score:*  No to very low self harm risk  Low risk of self harm  Moderate risk of self harm  High risk of self harm but could be referred to therapy pending a Mental Health consultation  Extreme risk of self harm / suicide requiring immediate Mental Health evaluation (risk concerns may preclude therapy ) | |
| Cumulative scores greater than 6 should be referred to a mental health service for a full mental health assessment prior being accepted for therapy (conjoint / collaborative therapy is encouraged) | | |

***Scores are cumulative, eg: if Thoughts (score 1) and Threats (score 2) are ticked the risk score equals 3.***

**Harm to others**

Is it safe to home visit client (include presence of dogs)? Yes / No

Additional Comments that may support this referral

**THANK YOU FOR YOUR REFERRAL**

Please send your referral to: stephanie@parentline.org.nz

This referral form was filled in by …………………………………………………………..