



Parentline

safe family safe child
maru i te whānau maru i te tamariki

Parentline Charitable Trust
48 Palmerston Street
P O Box 11-077 HAMILTON 3251
Telephone 64 7 839-4536
Fax: 64 7 839-4515
E-mail lisa@parentline.org.nz

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:

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Has your child experienced either: <ul style="list-style-type: none"> • Sexual abuse <input type="checkbox"/> • Physical abuse <input type="checkbox"/> • Emotional abuse <input type="checkbox"/> • Neglect <input type="checkbox"/> • Domestic Violence <input type="checkbox"/> | <ol style="list-style-type: none"> 2. Or parent/caregiver wish to attend: <ul style="list-style-type: none"> • Parenting <input type="checkbox"/> • Incredible Years <input type="checkbox"/> • Keeping Ourselves Safe <input type="checkbox"/> |
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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 Yes / No		Are Immunisations up-to-date? Yes / No	
Is the child's living arrangements safe /secure/adequate?			
Is the child included on a protection order		Has there been a POL400?	
Protection Order No:.....		Is there family violence? Currently	
Date/Place of Issue.....		Historically	
3 rd Party service providers (tick the following services that are/have been involved):			
Medical practitioner <input type="checkbox"/>	NGO services <input type="checkbox"/>	Work and Income <input type="checkbox"/>	
Educational services <input type="checkbox"/>	Iwi Social Services <input type="checkbox"/>	Corrections Services <input type="checkbox"/>	
Disability services <input type="checkbox"/>	Accommodation services <input type="checkbox"/>	Counselling services <input type="checkbox"/>	
Legal services <input type="checkbox"/>	Police services <input type="checkbox"/>	CAMHS <input type="checkbox"/>	
Health care services <input type="checkbox"/>	Child Youth and Family Services <input type="checkbox"/>	Hauora Waikato <input type="checkbox"/>	

Please note: If any of the above services have carried out assessments relevant to this referral, we will require a copy of these to be attached.

The information contained herein is private, privileged and confidential. It cannot be released except by the CEO of Parentline, upon receipt of written consent by the client if appropriate or their guardian. Not to be duplicated or transmitted.

List the people living in the household:

<i>Full Name</i>	<i>Relationship to Client</i>	<i>Date of Birth</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If family members are living outside the home, list their names, ages and relationships:

<i>Name</i>	<i>Relationship to Client</i>	<i>Date of Birth</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the client is younger than 18 years and is living away from his/her natural parents, provide details of the parents:

<i>Name</i>	<i>Relationship to Client</i>	<i>Date of Birth</i>
_____	_____	_____
_____	_____	_____

PRINCIPAL CONTACT PERSON DETAILS

Relationship to client:	Guardian:	Preferred contact:
Surname:	Given names:	
Email:	Phone:	Mobile phone:
Address:	Suburb:	Post Code:
DOB	Time with client:	
Employment status:		
Principal source of income:		

SECONDARY CONTACT PERSON DETAILS

Relationship to client:	Given names:	
Surname:	Phone:	Mobile phone:
Email:	Suburb:	Post Code:
Address:	Time with client:	
Highest or current level of Educational Attainment:		
Employment status:		
Principal source of income:		

REFERRAL DETAILS

Referral source:	Full Name:	
Address:	Suburb:	Post Code:
Mode: <input type="checkbox"/> email <input type="checkbox"/> fax <input type="checkbox"/> phone <input type="checkbox"/> face-2-face <input type="checkbox"/> letter	Phone contact:	
Referrer Role:	Email address:	
Referrer has discussed referral with <input type="checkbox"/> client <input type="checkbox"/> client guardian <input type="checkbox"/> next of kin <input type="checkbox"/> don't know		
Are you referring to Parentline because the family does not meet your agency criteria for intervention? <input type="checkbox"/>		

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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?

FAMILY PROTECTIVE FACTORS

- Good family support network
- Good social support network
- Accesses community services and resources
- Stable housing
- Stable employment
- Law abiding family
- Stable principal sources of income
- Access to good adult role models
- Personal insight into difficulties
- Motivated to change
- Secure family history

FAMILY RISK FACTORS (check the box only if the risk factor is clearly evident):

- 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
- 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

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

<input type="checkbox"/> Yes score = 0	Client has no reports of self harm ideation or intent to self harm
<input type="checkbox"/> Yes score = 0	Client has reports of non-hazardous self-harm without suicidal intent (eg., scratching, etc)
<input type="checkbox"/> Yes score = 1	Client has thoughts of self harm (<input type="checkbox"/> expressed feelings of worthlessness; <input type="checkbox"/> hopelessness; <input type="checkbox"/> life not worth living; <input type="checkbox"/> thoughts or urges of self harm).
<input type="checkbox"/> Yes score = 2	Client threatens self harm (<input type="checkbox"/> overt expressions of taking own life <input type="checkbox"/> overt expressions to self harm).
<input type="checkbox"/> Yes score = 3	Client has plans to self harm (<input type="checkbox"/> evidence of preparation eg., notes, collecting pills, etc).
<input type="checkbox"/> Yes score = 4	Client has engaged in deliberate self harm (<input type="checkbox"/> high risk taking behaviour - playing chicken with cars; <input type="checkbox"/> cutting, <input type="checkbox"/> burning, <input type="checkbox"/> biting in absence of intellectual impairment; <input type="checkbox"/> taking of toxins).
<input type="checkbox"/> Yes score = 5	Client has previously attempted to take life (<input type="checkbox"/> recent discharge from hospital, <input type="checkbox"/> recovering at home).
<input type="checkbox"/> Yes score = 6	Client has Intent with access to Means (<input type="checkbox"/> very high risk to self <input type="checkbox"/> access to means)
Cumulative score	Interpretation of score:
0	<input type="checkbox"/> No to very low self harm risk
1	<input type="checkbox"/> Low risk of self harm
2 - 5	<input type="checkbox"/> Moderate risk of self harm
6	<input type="checkbox"/> High risk of self harm but could be referred to therapy pending a Mental Health consultation
>6	<input type="checkbox"/> 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)	

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