

**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 *intake@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:***

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 [ ]

|  |
| --- |
| ***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:  |
| Migrant: Yes/No | Refugee: Yes/No |
| 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 [ ]   | MVCOT [ ]  | Hauora Waikato [ ]   |

List the people living in the household:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Full Name* |  | *Relationship to Client* |  | *Date of Birth* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Significant family members living Outside the Home

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Name* |  | *Relationship to Client* |  | *Date of Birth*  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Principal Contact Person Details**

|  |  |  |
| --- | --- | --- |
| 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  |

|  |  |
| --- | --- |
| **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 |

|  |
| --- |
| **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 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**

|  |  |
| --- | --- |
| [ ] 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 score012 - 56>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: parentline@parentline.org.nz

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