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

***Please tick if you meet the following:***

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

***Please tick as many as you need to that are relevant:***

1. Has your child experienced either: 2. Parent/Caregiver wish to attend:

Sexual abuse   Incredible Years Parenting Programme

Physical abuse  Manaakitia Mai

Emotional abuse  Keeping Ourselves Safe

Neglect

Domestic Violence

Trauma

Bullying

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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: \_\_ / \_\_ / 201\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname: | | | Given Names: | | |
| Also known as: | | | Address: | | |
| Suburb: | | | City/Town: | | Postcode: |
| D.O.B. | Gender: **F / M** | | Main phone contact: | | |
| Email address: | | | Alternate / mobile phone: | | |
| Ethnicity: | | | Refugee: Yes/No Migrant: Yes/No | | |
| Iwi/ Hapu (if Maori): | | | Languages / Can client speak English? | | |
| School/Pre-School attended: | | | Current attendance: | | |
| Does the child have a disability? And or take medication? If so, describe: | | | Is there family violence? Currently / Historically  Is the child included on a protection order Yes / No  Protection Order No:  Date/Place of Issue: | | |
| 3rd Party service providers (tick the following services that are/have been involved): | | | | | |
| GP/ Doctor  (who?)  Imms up to Date? | | Police/ ISR  (who?)  WSW | | Corrections Services | |
| Counselling services | |
| Disability services | |
| NGO services  (who?) | | MVCOT  or/ Childrens Team? | | ICAMHS | |
| Legal services | |
| Disability services | | Work and Income | |

List the people living in the household:

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Name* |  | *Relationship to Client* |  | *Date of Birth* |
|  |  |  |  |  |
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Relationship status of parents □ Married □ Divorced □ Separated □ De Facto □ Same Sex

Is the child adopted? □ Yes □ No If yes, at what age? Does the child know? □ Yes □ No

Is the child whangai? □ Yes □ No If yes, at what age? Does the child know? □ Yes □ No

Is the child in foster care? □ Yes □ No

**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: |

**How we can work with you?:**

**Communication plan**

Parentline Staff will need to communicate with you and plan for sessions with your child or yourself. Please let us know times to contact you and how/when you would prefer to be contacted:

|  |  |  |
| --- | --- | --- |
| I agree to be contacted by: | Phone  Text  Email | |
| Phone: |  | |
| email: |  | |
| The best timetimes to contact me: | Mon |  |
| Tues |  |
| Wed |  |
| Thurs |  |
| Fri |  |
| I am happy to be contacted at my place of work if you are unable to contact me any other way. | Yes/ No  Circle One | Work phone: |
| Hours of Work |  | |

**transport**

|  |  |
| --- | --- |
| Can you bring your child to appointments |  |
| What support can we give you to support your child attending sessions? |  |

**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 | | |

|  |
| --- |
| **REFERRER CONCERNS***: Comments please*  How long has this problem been a concern?  When was the difficulty first noticed?  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? |

|  |
| --- |
| **REFERRER REPORTS***:*  *(****PLEASE ATTACH A COPY WHERE POSSIBLE)***  Assessments Completed – List  Other Reports e.g ROC’s, FGC’s, CAN |

|  |  |
| --- | --- |
| **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  Working with Childrens Team Lead Professional  Working with Whanau Support Worker |

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

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| --- |
| **ANYTHING ELSE YOU WOULD LIKE US TO KNOW:** |
|  |