

# REFERRAL FORM

Incomplete forms will not be accepted and returned to referrer

DATE

Adult  Child

## PERSONAL INFORMATION

(Of the individual being referred, if there are multiple individuals from one whānau please complete and submit a form for each)

**Full Name**  
(PLEASE USE CAPITAL)  
If Existing Parentline client enter Recordbase ID.

**Date Of Birth** \_\_\_/\_\_\_/\_\_\_ **Gender**  Male  Female  Gender Neutral  Prefer not to answer

**Address** \_\_\_\_\_

**Mobile Number** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Home Number** \_\_\_\_\_ **Work Number** \_\_\_\_\_

**Ethnicity** \_\_\_\_\_ **Main language spoken** \_\_\_\_\_

**Iwi/Hāpu (if Māori)** \_\_\_\_\_ **School or Employment** \_\_\_\_\_

## PARENT / GUARDIAN / PRINCIPAL CONTACT INFORMATION

(complete if the individual being referred is a child, if adult is being referred complete the principal contact person details)

**1 Full Name**  
(PLEASE USE CAPITAL)

**Date Of Birth** \_\_\_/\_\_\_/\_\_\_ **Details for**  Mum  Dad  Guardian

**Address** \_\_\_\_\_

**Mobile Number** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Home Number** \_\_\_\_\_ **Work Number** \_\_\_\_\_

**Ethnicity** \_\_\_\_\_ **Main language spoken** \_\_\_\_\_

**Iwi/Hāpu (if Māori)** \_\_\_\_\_ **Child is** Biological / Adopted / Whangai / In Fostercare

**Relationship Status** \_\_\_\_\_

**2 Full Name**  
(PLEASE USE CAPITAL)

**Date Of Birth** \_\_\_/\_\_\_/\_\_\_ **Details for**  Mum  Dad  Guardian

**Address** \_\_\_\_\_

**Mobile Number** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Home Number** \_\_\_\_\_ **Work Number** \_\_\_\_\_

**Ethnicity** \_\_\_\_\_ **Main language spoken** \_\_\_\_\_

**Iwi/Hāpu (if Māori)** \_\_\_\_\_ **Child is** Biological / Adopted / Whangai / In Fostercare

**Relationship Status** \_\_\_\_\_

**3 Principal contact person**  Mum  Dad  Guardian  Other (if other please complete details below)

**Full Name**  
(PLEASE USE CAPITAL)

**Relationship to individual being referred** \_\_\_\_\_

**Main Number** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

## REFERRER INFORMATION

**Referral Source**     Self / Parent / Guardian (continue to Referral Details)     Parentline     Whānau     Agency

**Has the individual/whānau given consent for this referral to Parentline?**    Yes / No (Consent must be obtained)  
**As the referrer are you continuing to support the individual/whānau?**    Yes / No

**Contact Person** \_\_\_\_\_  
(PLEASE USE CAPITAL)

**Agency and/or Relationship to individual** \_\_\_\_\_

**Address** \_\_\_\_\_

**Main contact number** \_\_\_\_\_    **E-Mail** \_\_\_\_\_

## REFERRAL DETAILS

**Why have you made this referral?** *Provide information, including details about medications, evaluations, diagnosis, disabilities, support and any other relevant information for the person being referred. If the person being referred is an adult, please also include any relevant children's information.*

**Are any of the following relevant for the individual/whānau being referred-** (Please tick where relevant)  
*If you have selected any of the following options, please indicate whether they are current or historical by placing a "C" (current) or "H" (historical) on the left side of the selected box.*

*Experienced / Experiencing*

- Sexual Abuse
- Physical Abuse
- Emotional Abuse
- Neglect
- Abuse of pets/animals
- Dowry Abuse
- Suicidal / self harming behaviors
- Drug / Alcohol concerns
- Trauma
- Mental Health concerns

- Relationship difficulties
- No Family Support
- Current Legal concerns
- Bullying
- Grief / Loss concerns
- Social Isolation / Alienation
- Personality concerns
- Family member in detention
- Learning / Intellectual difficulties
- Family member has a disability

*Parent / Caregiver would benefit from-*

- Parenting Programmes
  - For child(ren) aged 3-7
  - For child(ren) aged 6-12
- Grandparent support
- Social Work Supports  
*(Accommodation, Budgeting, Food, Education support, Employment and Income support, Parent counselling, Youth mentoring)*

**Do you have any completed assessments for the individual being referred?**    Yes / No

To enhance our understanding of the individual's needs, we kindly request any assessments or reports that are available. When submitting this form, please attach these documents as they would be immensely helpful to us.

**Protection Order #** \_\_\_\_\_    **Order Date** \_\_\_\_\_  
*if applicable*

**Order place of issue** \_\_\_\_\_

### OFFICE USE ONLY

Received by	<input type="text"/>	Date Received	<input type="text"/>	Incomplete form- Date form sent to referrer	<input type="text"/>	Initial	<input type="text"/>
Role	<input type="text"/>	Form Complete	Yes    No	Date received completed form	<input type="text"/>		<input type="text"/>