



He Oranga Tangata

Ngati Kahu Social & Health Services

Phone (09) 406 1441

PO Box 693

Kaitaia 0441

NORTHLAND

Email: referrals@ngatikahu.co.nz

Client Referral Form

<u>Referred from</u>	OT	TRK	CMH	Self	Northerner
PHO	GP	Taumata Whanau		Other	

Person filling in referral: _____ Date: _____

Relationship to client: _____

Client Details:

Name: _____

Address: _____

Postal Address, if different from above: _____

Email: _____

NHI: _____

Phone: (Home): _____ (Work): _____ (Mobile): _____

Ethnicity: _____ Iwi/Hapu: _____

Gender: *(tick one)* Male Female DOB: _____ Age: _____

Key Worker: _____ Diagnosis: _____

Next of Kin: _____ Phone: _____

Emergency Contact

Name: _____

Relationship to the client: _____ Gender: *(tick one)* Male Female

Address (If different): _____

Phone: (Home): _____ (Work): _____ (Mobile): _____

“He Oranga Tangata”

Dependents Details

Name	DOB	Gender	Ethnicity	Relationship to client	Address
	/ /				
	/ /				
	/ /				
	/ /				

Reason for referral:

Attach any supporting information if applicable

Intervention required:

Attach any supporting information if applicable

Is there anything we need to know about current or future situation?

Risk / Potential Risk

Office use only

Date of Referral: ____ / ____ / ____

CMS Entered Date: ____ / ____ / ____

Service: BFC CSS KMP *please circle all that apply*

Kaimahi Ora Name: _____

Referred To: _____

Ongoing One Off Declined

CEO Signed: _____ / ____ / ____

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