



TE WHARE ORANGA NGAKAU REFERRAL FORM

REFERRER INFORMATION

REFERRAL FROM: _____
NAME: _____
POSITION: _____
ADDRESS: _____

POST CODE: _____ **PHONE NO:** _____ **FAX NO:** _____

CLIENT INFORMATION

CLIENTS FULL NAME: _____
DATE OF BIRTH: _____ **PHONE NO:** _____
ADDRESS: _____
POST CODE: _____
ETHNIC GROUP: _____ **NHI NO:** _____

LEGAL HISTORY (To include transcript of charges, convictions, terms of incarceration charges/Court cases pending)

DIC's/EBA's: _____
ALCOHOL/DRUG RELATED: _____
OTHER: _____



CURRENT LEGAL STATUS

PAROLE: _____

SUPERVISION WITH CONDITIONS: _____

BAIL (including photocopy of Bail papers): _____

**AWAITING SENTENCE AT DISTRICT/
HIGH COURT ON:** _____

LAWYER: _____ **PHONE:** _____ **FAX:** _____

PROBATION

OFFICER: _____ **PHONE:** _____ **FAX:** _____

COURT DATES PENDING DURING RESIDENTIAL STAY: YES: _____ **NO:** _____

If YES please provide: DATE: _____ **TIME:** _____

REASON FOR REFERRAL: (e.g. Court, Referral, Client motivated) _____

**PREVIOUS ATTENDANCE AT ANY ALCOHOL AND DRUG
TREATMENT CENTRE:** (e.g. Where? When? Outcome?) _____



ALCOHOL AND DRUG HISTORY (To include – history of use, current patterns of use and diagnosis in accordance with DSMIVR)

SUBSTANCES	AMOUNTS	FREQUENCY	LAST USED
Alcohol			
Marijuana, Cannabis Oil			
Prescription Pills			
Narcotics			
IV Usage			
Solvents			
Gambling			
Other: Please include Assessment tool/screen results			

MEDICAL HISTORY (To include medical history, Hep A, B or C and/or HIV status, current prescribed medications, medication allergies (if any), blood test results. **Note:** Scripts and blister packs are compulsory for the duration of the programme)

GP NAME: _____ PHONE: _____ FAX: _____

ADDRESS: _____

POST CODE: _____



PSYCHIATRIC HISTORY/MAJOR MENTAL ILLNESS (To include any contact with Mental Health Services, any issues of self-harm e.g. cutting, burning, violence to others, any suicidal thoughts, attempts?
Diagnosed – Where and When?)

KEYWORKER: _____

MEDICATION: _____

RESPONSIBLE CLINICIAN: _____

MENTAL HEALTH ACT STATUS: _____

TRANSFER OF CARE: (Initiated/Completed – For clients with Co-existing Disorders as directed by a Compulsory Treatment Order) _____

TREATMENT PLAN: _____

WHANAU/SUPPORT: (To include any Significant Others included in Client's Treatment Plan) _____

CULTURAL ISSUES/NEEDS: _____

EMPLOYMENT: _____

CURRENT: _____

BENEFIT TYPE: _____

PREFERRED TREATMENT PAYMENT OPTION: ACC: [] **NZ BENEFIT:** [] **PRIVATE PAYING:** (i.e. Overseas Benefit) []

OTHER COMMENTS: (i.e. Referrer's impression) _____



DOCUMENTS REQUIRED FOR CO-EXISTING DISORDERS

- (1) Recent Psychiatric Assessment – last Out Patient appointment notes ()
- (2) Crisis Management Plan ()
- (3) Prescription when admitted (Note: blister pack medication is compulsory) ()

DISCHARGE PLAN (Accommodation, transport and follow up arrangements)

UPON GRADUATION:

**UPON EARLY EXIT
FROM PROGRAMME:**

CLIENT DECLARATION

- (1) I agree to the above referral information being given to Te Whare Oranga Ngakau.
- (2) Upon my discharge from Te Whare Oranga Ngakau, I agree to Te Whare Oranga Ngakau giving relevant information back to my referrer, regarding my attendance, treatment and discharge address.

CLIENT SIGNATURE:

DATE:

COMPLETED BY:

DATE:

NOTE: Admission dates are only tentative, pending receipt of typed Comprehensive Assessment information.

Approved By: CQI	Reference: TWON Master Forms	Title: TWON Referral Form	
Issue Date: Jan 2018	Review Date: Jan 2020	Version: 5	Page 5 of 6



<u>CLIENT DETAILS</u>	
FULL NAME:	_____
ADDRESS:	_____
	POST CODE: _____
DATE OF BIRTH:	DAY TIME PHONE NO: _____

ADMISSION DATE TO THE PROGRAMME: _____

BENEFIT: YES: () **TYPE:** _____ **NO:** () **POW:** ()

CLIENT WINZ NO: - -

	YES	NO
IS WINZ PAYING COURT FINES FROM CLIENT'S BENEFIT?		
IS WINZ PAYING CHILD SUPPORT TO IRD FROM CLIENT'S BENEFIT?		
TELEPHONE AUTHORISATION (CONSENT TO CONTACT WINZ, IRD ETC)		

<u>ANY ONGOING PAYMENTS FOR:</u>	YES	NO
RENT:		
BOARD:		
STORAGE:		
OTHER (PLEASE STATE):		

ANY OTHER PERTINENT FINANCIAL INFORMATION? _____



Te Whare Oranga Ngakau, 11 Henderson Road, PO Box 1802, Rotorua
Tel: 07 348 3586 Fax: 07 348 3583

CLIENT SIGNATURE: _____

DATE: _____

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