



40 Te Tahi Street, PO Box 2025
Whakatāne
Phone: 07 308 8170
Fax: 07 308 0592
Email: admin@pouwhakaaro.co.nz

60 Onslow Street
Kawerau
Phone: 07 323 8170
Fax: 07 323 8170
Email: kawerau@pouwhakaaro.co.nz

1 Bracken Street
Whakatāne
Phone: 07 308 9430
Email: admin@pouwhakaaro.co.nz

Pou Whakaaro Referral Form

Person's Details:

Name:

Date:

Address:

Gender: Male Female Unknown

.....

D.O.B:

.....

Ethnicity:

Phone:

Iwi:

Mobile:

Hapū:

Email:

Marae:

G.P.:

NZ Residency Status:

G.P.'s Contact Phone Details:

Resident Visa Permanent Resident Visa

NHI No:

Citizenship Attestation: Yes No

Benefit No:

Other (please specify):

Benefit Type: Job Seeker/Supported Living

IRD No:

Sole Parent/Temporary Additional Support

Gender of Key Worker preferred: Male Female

Whānau/Caregivers:

Primary Contact

Person:

Relationship to

Person:

Address:

Ph:

.....

Mobile:

Secondary Contact

Person:

Relationship to

Person:

Address:

Ph:

.....

Mobile:

Referrer's Details:

Organisation/Family/Whānau/Self:

Address:

Phone:

.....

Mobile:

.....

Email:

Fax:

Reason for Referral (please provide brief details)

Primary:.....
.....

Secondary:.....
.....

Which Service(s) Do You OR Your Whānau Require?

Family Support Peer Support Children (SPHC) Navigation Employment Support

Other Agencies Involved (current and past):

.....
.....

Do You Have a "My Plan?" Yes No

Are Parents/Caregivers Informed of Your Referral to Pou Whakaaro? Yes No (if no, please get consent from your parents/
Not applicable caregiver by way of filling in the consent form)

Any Health Issues, Mental Health History or Disabilities (please provide brief details and include the services you have used):

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.....
.....

Driver's License: Learners Restricted Full License No License

Medication: Yes No **Self-Administered:** Yes No **When:** am pm

Description of Medication:

.....
.....

Allergies:

Alcohol and/or Drug Use (amounts; frequency; methods of administration, e.g.: IV): *If interviewing a child, consider the child's caregivers/families use.*

Tools used and outcome:

.....
.....

Self-Harm/Harm to Others? (current and previous): **Risk Level:** Low Medium High

.....
.....

Legal Issues (if any - please specify i.e. Guardianship/ Protection Order/ Mental Health Act):

.....
.....

What Areas of Support Do You Require?

.....
.....

Interests – Things I’m Good At:

.....
.....

What Activities or Groups Are You Involved in the Community (e.g. sports, church, clubs, marae)?

.....
.....

Dislikes:

Cultural Practices:

Interview Check List:

- Confidentiality issues discussed
- Authorisation to exchange/release/receive health information
- Pou Whakaaro orientation booklet is given
- Health and Disability brochure discussed and offered

Privacy Act:

I, give my permission for reports and information which is relevant to this application and placement at Pou Whakaaro to be released to Pou Whakaaro and I understand that I will be notified and given the opportunity to give permission if other agencies request information about me before Pou Whakaaro release it.

Signed: Dated:

Office Use - Allocation at Case Management:

Person Completing Referral:

Signed: Dated:

Designation:

My Plan copy received: Y / N

Lead Case Manager: Dated:

Designation:

Mental Health – Measures

Wellness Plan (i.e. Relapse Prevention or Transition Plan)	- <i>In Place?</i> - <i>Being Used?</i>	Yes/No Yes/No
Accommodation	- <i>Status?</i> Supported Accommodation is residential or Social housing which can include Housing NZ. Independent Accommodation is not financially supported by the funder. Homelessness is defined as a living situation where people with no other options to acquire safe and secure housing are: <u>without shelter</u> , in <u>temporary accommodation</u> , <u>sharing accommodation</u> with a household, or living in <u>uninhabitable housing</u> (from Statistics NZ) - <i>Satisfaction?</i>	Supported Accommodation Independent Accommodation Homeless Satisfied/ Not satisfied
Employment	- <i>Engaged in?</i> - <i>Hours worked?</i>	Education Volunteer Work Other Paid Employment 30 hour > or 30 hour < or Not employed
Education/Training	- <i>Participating in?</i> Education/training that is NZQA recognised	Yes/No
General Practice	- <i>Registered?</i> - <i>Last seen date DD/MM/YYYY</i>	Yes/ No Date.....
Green Prescription	- <i>Prescribed</i> - <i>Prescribed by ...Dr/Agency</i>	Yes/ No
Social/Cultural	- <i>Inclusion</i>	Better No Change Worse
Knowledge of family / whanau rights		Better No Change Worse
Ability to self-advocate		Better No Change Worse
Family Relationships		Positive Negative
Enter ABC Smoking Status		Yes/No
Smoking Status	Smoking Advice & Cessation	
<input type="checkbox"/> Current <input type="checkbox"/> Ex-Smoker <input type="checkbox"/> Never smoked	<input type="checkbox"/> Brief Advise to Quit Given <input type="checkbox"/> Quit Card or NRT Provided <input type="checkbox"/> Provided Support to Quit (resources or behaviour support) <input type="checkbox"/> Referred onto support Provider: <ul style="list-style-type: none"> • PW Service <input type="checkbox"/> GP <input type="checkbox"/> Quit Line <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Refused Smoking Cessation Support	