

## Referral form

Please provide the information requested below. If the information is unavailable or a question is not applicable, please indicate this. Referrals can be sent to PO Box 8726, Symonds Street, Auckland 1150, faxed to 09 377 9229 or emailed to [admin@informhealth.org.nz](mailto:admin@informhealth.org.nz).

### PERSONAL DETAILS

Name: _____			
Date of birth: ____/____/____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender-diverse
Ethnicity: _____	Iwi/Hapū: _____		
Residential Address: _____			
			Postcode: _____
Postal Address (if different): _____			
			Postcode: _____
Home phone: _____	Work phone: _____	Mobile: _____	
Email: _____			

### REFERRAL DETAILS

(N/A if client is self-referring)

Referrer Name: _____			
Relationship to the person being referred: _____			
Address: _____			
			Postcode: _____
Home phone: _____	Work phone: _____	Mobile: _____	
Email: _____			

### EMERGENCY CONTACT DETAILS

Name: _____	
Relationship to the person being referred: _____	
Mobile or other emergency phone no.: _____	

**REASONS FOR REFERRAL**

Please provide a brief description of the reasons for your referral

**REFERRAL DETAILS**

**Are you currently, or have you previously seen another professional (e.g. counsellor) about the same matter?**

Yes     No

If yes, we may seek your consent to obtain your records from your previous service provider, as this information may provide important background details and help us identify the best approach for the services we provide.

**Are there any criminal charges laid or pending relating to the matter covered by the referral?**

Yes     No

**Are there any civil claims filed or pending relating to the matter covered by the referral?**

Yes     No

**Are there any employment-related investigations or disciplinary actions underway or pending relating to the matter covered by the referral?**

Yes     No

**OTHER COMMENTS OR ADDITIONAL INFORMATION**

Please provide additional information or comment further on any of the above sections:

<hr style="border: none; border-top: 1px solid black;"/>	<hr style="border: none; border-top: 1px solid black;"/>
<b>Signature</b>	<b>Date</b>