



Referral Form

DATE:

YOUNG PERSON'S DETAILS

Name:		NHI#:	
DOB:	Age:	Ethnicity:	Gender:
Address:			
Phone:		Mobile:	
Email:			
School:		Year:	
GP:			
Consent For Referral (Young Person):			
Guardian:		Relationship:	
Address:			
Phone:		Mobile:	
Email:			
Alternative Contact:		Relationship:	
Address:			
Phone:		Mobile:	
Email:			
Consent For Referral (Parent/Guardian):			

WHANAU DETAILS

Mother:	Father:
Address:	Address:
Phone:	Phone:
Mobile:	Mobile:
Email:	Email:

REFERRER DETAILS

Name:	Agency:
Role:	Office Phone:
Address:	Mobile:
	Email:
	Referrer's Full Name:



Referral Form

OTHER AGENCIES

Agency 1:	Caseworker:
Agency 2:	Caseworker:
Agency 3:	Caseworker:
Other:	Caseworker:

LEVEL OF RISK

Are there any environmental risks for staff; eg dogs, long driveways etc?

Is this young person at immediate risk, eg self-harm, suicidality?

If yes please provide risk assessment, safety plan and list of other agencies involved.

REASON FOR REFERRAL AND BACKGROUND INFORMATION

Please list substance of concern and any other problematic areas, eg violence, bullying, anxiety, grief and loss, physical health.

ENTRY CRITERIA

Eligibility for public funded service

- 11-19 years age group (some flexibility is acceptable)
- Residing within the Northland DHB region boundaries
- Bio-psycho-social health issues
- Mental health issue/s
- Alcohol and other drug use issue/s

Service entry will be managed promptly. There is no waiting list.

Once this form is complete, save and send to admin@rubiconyouth.org.nz