



REFERRAL TO / FACESHEET - RANGATAUA MAURIORA

Kaupapa Maori Alcohol and Drug Service – Rangatahi/Tamariki, Problem Gambling, Primary Mental Health, Tuakana
 26 Ngati Toa St, Takapuwhia Porirua 9-11 Frederick St Wellington **217 Bedford St Porirua**
 Ph: (04) 2384071 or 2384069 or 2379832 (04) 8024705 or 8024702 (04) 2376059
 Fax (04) 2376436

RM kaimahi to sign and date italicised section

Received at RM By: _____ Referrer notified

RM Kaimahi Allocation: _____ 1st Appt letter sent or ph call

Source of Referral:				Referring Practitioner:			
Contact Details:				GP:			
Tangata Whaiora / Caregiver Consent to Referral							
Signature:							
Surname/Whanau name		First given names:				NHI	
		Mother's maiden name (if under 20yrs of age)				DOB	
						Age	
Phone:				Address:			
Contact by Mail: Yes No							
Language:				Don't Contact:			
Gender: wahine tane		Ethnicity: Maori Pacifica Asian		Other:			
		Iwi: Hapu:		Other:			
Next of Kin:				Address:		Phone:	
Whanau/Significant Others/Support people:							
Dependents:							
Other Professionals or Agencies involved:							
Any previous A&D treatment?		When		Where		Duration	
Co-existing Mental Health Diagnosis							
Addiction: Take/Issue: (add another page if needed)							
Other information relevant to your referral: /significant issues/medical conditions / justice / education:							
Risk to Self		High	Med	Low	Risk to Others		High Med Low
Tangata Whai Ora Goal							
<i>Referred On</i>		<i>Where:</i>			<i>Why:</i>		
Suicidal <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Problem Gambling <input type="checkbox"/>				Tangata Whaiora Informed / Consents To: Negotiated sharing of info with nominated whanau Yes No Service user authorisation for collection and use of information Yes No Complaints process explained Yes No Code of Rights explained Yes No			
Decline or Completion Active intervention: / / Reason:				TW Signature Date: / / Kaimahi Signature Date: / /			
<i>This information is only to be used as authorised by Rangataua Mauriora</i>							

Referral Process

1. External agency organisation completes referral, however italicised sections are completed by Rangataua Mauriora
2. Please ensure the service user or their caregiver signs the consent to referral near the top of the page.
3. **In the phone section** there is a request for the service user to circle yes if it is alright to send them letters by post, and no if it is not.
4. Please ensure that the take / issue part of the referral is completed. Failure to identify issues relative to our service will result in the return of the referral for clarification.
5. Please complete as many sections of the referral form as you possibly can.
6. Rangataua Mauriora will acknowledge the receipt of the referral by completeing the top line and returning to the referrer.
7. Allocations are made on Thursday mornings (unless otherwise negotiated). The second line of the referral will then be completed and sent back to the referrer.
8. CYFs often attach their assessments to the referrals they send and we find this very helpful.
9. We do expect that referrals for people who also have a mental disorder diagnosis will include the attachment of a brief, summative assessment, including the medication regime and side effects.
10. We can only share information with referrers if we have the approval of the service user. A signed consent form should accompany any exchange of information other than the referral form.
11. Please use the space below to give us any feedback on the Referral Process.