



Initial Contact

Name:		M/F	Date:		
Email:			By phone <input type="checkbox"/>	email <input type="checkbox"/>	Mail <input type="checkbox"/>
			Walk in <input type="checkbox"/>	Text <input type="checkbox"/>	Other <input type="checkbox"/>
Phone numbers Cell		Address:			
Best time to call		Would you like a text first?			
Permission to leave message: Yes <input type="checkbox"/> No <input type="checkbox"/>		Permission to text: Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>PROGRAMME/SERVICE initially identified</b>					
Central Otago Counselling		Individual	Couple		
Central Community Work					
Seasons for Growth		Adult	Child		
Supervision					
If this referral is from another professional please identify here					
Professional name		Contact (phone) Email			
Organisation					
Where appropriate have you explained that we will make contact within 5 working days and that the staff member will discuss with them when they can expect to receive service? <input type="checkbox"/>					
Other:					
Name of Staff member taking referral					
Allocated to (Staff/programme name)				Date	
				Time Taken	

**Second Contact and Clarification of service**

<b>Date of second contact</b>		<b>Name of Staff Member</b>	
Date of Birth		Gender M / F / T / or.....	
Ethnicity	Iwi	Secondary Iwi	
Country of Origin (if appropriate)		NHI (if appropriate)	
<b>Presenting Issue(s)</b> <input type="checkbox"/> Alcohol / Drugs / Other Addictions <input type="checkbox"/> Disability – Intellectual / Physical <input type="checkbox"/> Family Violence <input type="checkbox"/> Financial issues <input type="checkbox"/> Food/Housing issues <input type="checkbox"/> Grief and Loss		<input type="checkbox"/> Mental Health (Anxiety / Depression / other <input type="checkbox"/> Parenting <input type="checkbox"/> Physical Health <input type="checkbox"/> Relationship Conflict <input type="checkbox"/> Social Support needs <input type="checkbox"/> Statutory Requirement (MCOT/Court) <input type="checkbox"/> Trauma	
Referral made by client <input type="checkbox"/> Other <input type="checkbox"/> How did they come to us?			
<b>Other Interested Parties</b> eg, Mental Health <input type="checkbox"/> MCOT <input type="checkbox"/> Education <input type="checkbox"/> Legal <input type="checkbox"/> Social Service <input type="checkbox"/> Other <input type="checkbox"/>			
Name	Contact (phone/email)	Organisation	Permission to Contact <input type="checkbox"/>
<b>Other relevant services involved?</b>			
<b>Income</b> Waged <input type="checkbox"/> Part Benefit <input type="checkbox"/> Benefit <input type="checkbox"/> No income <input type="checkbox"/> Weekly Household Income <\$300 <input type="checkbox"/> \$300-\$600 <input type="checkbox"/> \$600-\$900 <input type="checkbox"/> \$900 - \$1200 <input type="checkbox"/> >\$1200 <input type="checkbox"/>			
<b>Family/Whanau Composition:</b> (T=together, S= Separated, SH= Shared Care, SU= Supervised contact)			
Name	Date of Birth	Relationship to Client	Contact (T/S/SH/SU)
Other relevant Information			
Does the client understand the next step in the process? <input type="checkbox"/>			
Have you explained our fee structure and the application of subsidies? <input type="checkbox"/>			
Did you explain that the information we take is private and confidential? <input type="checkbox"/>			
<b>PLAN</b> – confirm service assigned to and next steps.			
To be uploaded to PAUA as Referral/Enquiry		Date:	Client Number:
		Time Taken (Contact):	Time Taken (Uploading):