

# Community Wellbeing Referral Form



Mahitahi Hauora offers a range of free services tailored to support mental wellbeing. These include counselling, youth workers, ahurea providers, health coaches/navigators, psychologists, group work, as well as others.

Upon receipt of a completed referral form, we will be in touch within 7 days.

## Reason for Referral

Date of referral

Is the person being referred at immediate risk of harm to their selves or others?  Yes  No

What is the reason for making this referral and what would you like help with?

- Low mood
- Stress
- Relationship/s
- Anxiety
- Grief
- Trauma
- Suicidal thoughts/self-harm
- Diet & exercise

**If there are immediate concerns for the safety of the person being referred or others, please contact your local hospital or police.**

## Personal Details

Surname  Name   
DOB  Gender  Male  Female  Gender Diverse

## Personal Details (continued...)

Physical Address

Ethnicity

Māori

Iwi

Hapu

Marae

Postal Address (if different)

Pakeha / NZ European

Asian

Pacific Island

Other

Phone

NHI (if known)

Email

Preferred method & time to contact:

Call  Text  Email  AM  PM  Evening

## Parent/Caregiver/Guardian Details *(if client is under 16)*

Title  Email

Surname  Phone

Name  Relationship

Is parent/caregiver/guardian aware of referral? (If no, why?)

Yes  No

## Referrer Details *(do not complete for self-referrals)*

Title  Phone or email

Surname  Relationship

Name  if relevant please complete the below:

Does the person being referred know about this referral? Organisation

Yes  No Role



**Mahitahi Hauora**