

Office Use Only:



NEW ZEALAND
RED CROSS
RIPEKA WHERO AOTEAROA

Refugee
Trauma Recovery
Whakaora Whētuki Rerenga

Referral Form

Date:

Referrer Details

Name:

Job Title:

Agency:

Telephone:

Address:

Fax:

Client Details

Name:

NHI Number:

DoB:

Male/Female (*please circle*)

Address:

Telephone:

Email Address:

Cellphone No:

Is client aware of and in agreement with referral? Yes/No (*please circle*)

Family Details

Number of family members living under the same roof as client (including client):

If known, please list all members of the client’s household and their relationship to the client:

<i>First Name</i>	<i>Surname</i>	<i>Age</i>	<i>Gender</i>	<i>Relationship to Client</i>

Please list other relatives living in New Zealand:

General Practitioner (Name and contact details)

Employment Yes No

Days and Hours of Work (*if applicable*):

English Language Classes:

Other study/training being undertaken:

School/Early Childhood Centre (*if applicable*):

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Summary of Issues (Please include a brief outline of referrer’s concerns, acknowledgement of the client’s torture/trauma history and any other serious health concerns that could have a direct impact on their mental health e.g. living with a serious chronic condition)

[Empty box for Summary of Issues]

Current Medications (if any)

[Empty box for Current Medications]

Cultural Information

Language(s) Spoken: Country of Origin:
Interpreter Required: Yes/No (please circle)
Preferred Language for Interpreting:
Gender Preference: Interpreter - either Male/Female (please circle)
Counsellor - either Male/Female (please circle)
Support person in New Zealand:

Client’s (or parent’s) Consent:

I agree to this referral: (signature) -----

Referrer’s Signature: -----