

Phone: 04 473 2502 | Freephone: 0508 445 645 Email: info@tekau.maori.nz Hīkoikoi, 24D Marine Parade, Petone PO Box 39294, Lower Hutt 5045

REFERRAL TO KAUPAPA MĀORI ALCOHOL AND DRUG HEALTH SERVICE

DATE:			
NAME:			
ADDRESS:			
PHONE:			
EMAIL:			
ETHNICITY:			
GENDER:			
IWI/HAPŪ:			
DOB:			
NHI NUMBER:			
DEPENDENTS:			
REFERRED BY:			
ORGANISATION:			
PHONE NUMBER:			
ADDRESS:			
REFERRERS ROLE:			
LEVEL OF CONTACT:			

EMERGENCY CONTACT DETAILS

EMERGENCI CONTACT DETAILS					
WHĀNAU SUPPORT NAME AND CONTACT NUMBER/S:					
NEXT OF KIN NAME AND CONTACT NUMBER/S:					
MEDICAL / MENTAL HEALTH HISTORY:					
•					
CURRENT MEDICATION AND DIAGNOSIS:					
•					
ADDICTION ISSUES:					
•					
HOW LONG HAS USE BEEN PROBLEMATIC:					
ANY PREVIOUS ALCOHOL AND/OR DRUG TREATMENT?					
ANY OTHER PROFESSIONALS / AGENCIES CURRENTLY INVOLVED:					
OTHER RELEVANT INFORMATION:					
CLIENT CONSENT					
hereby consent to the above information being made available to Ngā Tekau Alcohol and Other Drugs Service.					
SIGNED: DATED:					