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**NGO Youth Mental Health and Alcohol & Other Drugs Services Christchurch Referral Form**

*Please send this form directly to an agency listed below or to Manu Ka Rere to be forwarded to the appropriate agency.*

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| **CLIENT DETAILS** | | | |
| Name: | | | **Date of Referral:** |
| Address: | | | NHI: |
| Contact Phone: | | | Date of Birth: |
| Ethnicity: | Iwi: | | Gender:  Preferred Pronoun: |
| School and year: | | |
| **PARENT/CAREGIVER DETAILS** | | | |
| Names: | | | |
| Phone Numbers: | | | |
| **REFERRER DETAILS** | | | |
| Name: | | | |
| Role/Organisation: | | | |
| Phone: | Fax: | | Email: |
| Does family/caregiver know of this referral? YES / NO | | | |
| Does the young person know of this referral? YES / NO | | | |
| **Referral for young people under 16 must have consent of parent or guardian** | | | |
| **GP DETAILS** | | | |
| Name, Clinic and Phone: | | | |
|  | | | |
| Reason for referral: | | | |
| Please describe any known mental health difficulties or symptoms (e.g. Depression/Anxiety/other): | | | |
| Alcohol and drug related problems: | | | |
| Other current or past agencies involved (e.g. CYF, Police, School, Counselling service): | | | |
| Safety concerns (e.g. risk to self or others): | | | |
| Additional pointers/notes (e.g. is the family supportive of this referral? Preferred contact method): | | | |
| See list of Manu Ka Rere agencies in our collaborative, feel free to indicate which agency your young person would like to see, if unsure we will allocate accordingly. Please send referrals to [manukarere@office.org.nz](mailto:manukarere@office.org.nz). | | | |
| **Manu Ka Rere (MKR)** Age Criteria: 13-18 years | | Phone 03 281 7616 98 Greers Road, Burnside | |
| **City Mission** Age Criteria: 10-24 years | | Phone 03 365 0635 276 Hereford Street, Central City | |
| **Waipuna (St John of God)** Age Criteria: 10-25 years | | Phone 03 386 2159 349 Woodham Road, Wainoni | |
| **Wellbeing North Canterbury** Age Criteria: 13-24 years | | Phone 03 310 6375 200 King Street, Rangiora | |
| **Te Tahi Youth** Age Criteria:10 to 24 | | Phone 03 943 9298 1/25 Churchill Street, Christchurch Central | |
| **Ashburton Community Alcohol and Drug Service (ACADS)**  Age criteria: 13 – 24 years | | Phone 03 308 1270 Elizabeth Street, Allenton, Ashburton | |