****

**Adult Referral Form**

|  |  |
| --- | --- |
| **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Agency:** |  |
| **Phone:** |  | **Email:** |  |
|  |  | **Consent obtained to refer:** |  |

**Referrer Details:**

**Details of Referral:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Date of birth:** |  |

**Gender:**

[ ]  Male [ ]  Female [ ]  Intersex [ ]  Non binary [ ]  Not disclosed [ ]  Other [ ]  Transman [ ]  Transwoman

|  |  |
| --- | --- |
| **Address:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnicities:** |  | **Iwi:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Email:** |  | **Home** **phone:** |  | **Cell** **phone:** |  |

**Can we:** [ ]  Call? [ ]  Leave voicemail? [ ]  Text? [ ]  Email?

|  |  |
| --- | --- |
| **Best times to contact?** |  |

**Background to Referral:**

**Nature:** [ ]  Rape [ ]  Sexual assault [ ]  Indecent assault [ ]  Child sexual abuse [ ]  Family violence

**Time frame:** [ ]  Recent [ ]  Historic

Please provide brief detail (if known):

**Other Agency Involvement:**

**Agency Current Historic**

Police [ ]  [ ]

Oranga Tamariki [ ]  [ ]

Family Court [ ]  [ ]

Probation [ ]  [ ]

Mental Health Services [ ]  [ ]

NGO/Community Health/Social Services [ ]  [ ]

Private Psychologist/Counsellor [ ]  [ ]

Addiction Services [ ]  [ ]

Other [ ]  [ ]

Please provide full details of agency, worker, and nature of involvement:

**Risk Profile** – are you aware of any of the following:

 **Current/recent Historic**

Self-harm [ ]  [ ]

Suicidal ideation [ ]  [ ]

Expression of suicidal intent [ ]  [ ]

Suicidal actions [ ]  [ ]

Family violence [ ]  [ ]

Violence to others [ ]  [ ]

Harmful sexual behaviour [ ]  [ ]

Please provide detail:

**Current safety concerns** – please detail all known current risks to safety and welfare:

**Current safety plan** – details of current safety plan, including details of people/agencies involved:

**Current mental health status** – please include medication details, if known:

**What is the expected support from HELP?**

Support through police process [ ]

Psycho-social support [ ]

Ongoing counselling [ ]

**\*Please note that due to the COVID-19 pandemic, we are unable to add new clients to the current waitlist for counselling. You can contact us through our support email for more information**

**Please tell us more about what you would like this support to look like:**