ARATAKI MINISTRIES LTD

A WORK OF WHANGAREI CENTRAL BAPTIST CHURCH

REFERRAL FORM
Community Support Worker

ARATAKI MINISTRIES Ltd, PO BOX 5028, WHANGAREI PH (09) 4303044 FAX (09) 4303544 EMAIL admin@aratakimin.co.nz

Date:	***Phone #**:
***Name**:	***Address**:
NHI number:	**Male/ Female**:
D.O.B:	**Cultural identity:** *(if Maori/ Hapu/ Iwi)*

*Dependent/ child		Dependent/ child	
Dependent/ child		Dependent/ child	

NEXT OF KIN/ WHANAU/ FAMILY/ OTHER			
*Name		Name	
Relationship		Relationship	
Address		Address	
*Phone		Phone	

I give consent for Arataki Ministries to contact my next of kin/ whanau/ family/ other;
To assist in my wellness journey *Yes/ No In a medical emergency only Yes/ No

Who else supports you or is involved in your wellbeing?

MEDICAL INFORMATION			
*Medical Diagnosis Axis I		Medical Diagnosis Axis II	
Allergies		Substance Use	
Keyworker name		Contact details	
Psychiatrist name		Contact details	
GP/ Service		Contact details	
Other Service		Contact details	

Any risks or concerns to be aware of;

ARATAKI MINISTRIES TO COMPLETE:

DATE REFERRAL RECEIVED	
DATE ENTERED ON SERVICE	
OUTCOME OF REFERRAL	

REASON FOR REFERRAL

****Briefly explain what kind of community support *you* need and why?***

I need support with:	***What does that look like to you?***
Being social with others (Groups / Activities)	
Housing	
MSD Payments/ Employment	
Finances/ budget	
Support with Daily Living	
Age related issues	
Family/ whānau and support people	
My Spirituality/ My Cultural	
Interacting with other people & environments	
Alcohol/ drugs	

*Name of referrer ________________________________ *Contact details ________________________

Organisation/ role: _______________________________

*Client consent: I _____________________________ give consent to submit this referral form. Yes/ No

*I consent to the access of information to support this referral. Yes/ No

*Clients sign: _________________________ Date: __________________

Attached Information (√ Tick please)	
Adult History / Summary of situation	
Current Risk Assessment / Safety Plan:	
Other Relevant Assessments:	
Early Warning Signs / Relapse Prevention Plan:	
SNAP	