

PLEASE ENSURE THAT ALL INFORMATION IS GATHERED

Email this referral to: referrals@she.org.nz

SHE External Referral

Please note that this form is for non-urgent referrals, for anything urgent please ring the crisis line on 0800 Refuge.

Referrer Information:

Referrer Name		Date Referral Sent:	
Referrer's Email		Referrer's Phone:	
Referrer's Role and Workplace:			
Has client consented to referral? <i>Please ensure client has consented before proceeding with referral</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Client information

Full Name		Gender		
Date of Birth		Are they safe right now?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Known by any other names?			Please call 111 or the crisis line (0800 Refuge)	
Address				
Phone		Email		
Is it safe to text or call?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment:	
Ethnicity (iwi)		Transport?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emergency Contact: <i>(Name, relationship and phone number)</i>				
Accommodation Situation:	Renting <input type="checkbox"/> Kainga Ora <input type="checkbox"/> Own Home <input type="checkbox"/> Family/Friends <input type="checkbox"/> No Fixed Abode <input type="checkbox"/> Other: _____			

Perpetrator information

Perpetrators Name:		Date of Birth:			
Relationship to Client:					
Address (if known):					
Protection Order	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Parenting Order	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Drug or Alcohol? <i>Details</i>					
Gang Affiliations? <i>Details</i>					

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Children information

Name:	Ethnicity	D.O.B	M / F	Who do they live with?

Health Information:

Any Physical or Mental Health Concerns for client or children? <i>Health conditions, disabilities, diagnosis</i>	
Any prescribed medication? <i>Details (names and dosage)</i>	
Any self-harm/suicidal Ideation: <i>How recent? When was the last incident?</i>	
Does the client have any issues with drugs or alcohol? <i>What kind, how often, most recent use?</i>	

Additional Information:

Reason for Referral:



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Are there any other agencies involved with the family? Yes No

