

Poutini Waiora Referral Form

Referrer Information: *please circle one* Self Stakeholder Internal

Name of Referrer & Their Service (if applicable) _____

Email address: _____

Date of referral: _____

Phone Number: _____

Poutini Waiora provides services to primarily Maori whanau living across Te Tai O Poutini. We do however accept non Maori referrals and would contact you to discuss further.

Referral Information

Please outline what services you would like Poutini Waiora to provide (tick the relevant boxes)

- Anger Management counselling
- AOD Services including a comprehensive assessment, counselling and treatment plan
- Holistic counselling including but not limited to grief, relationships, well being and self esteem
- Mama and Pepi service that provides an intensive service promoting routines and bonding for new born babies with whanau who are identified as 'at risk' with multiple life stressors up to 2 years of age. Referrals are accepted prior to birth.
- Rangatahi Kaimahi: Advocacy, information and guidance for Rangatahi into primary health and life pathways
- Registered social workers to support high risk whanau across their life span with the goal of achieving whanau ora
- Support for accessing primary and secondary health care services, advocating and supporting whanau
- Tamariki Ora Nursing support for infants and tamariki 0 to 5 years. The Nursing role includes providing core well child checks, also clinical assessment including education and referrals to other services
- Whanau Ora Nurse support for the promotion of health care, health screening and monitoring, primary nursing assessments and management with a particular focus on long term chronic conditions, development of care plans in conjunction with health partners and whanau
- Whanau Ora Navigator supporting whanau to attain their moemoea (aspirations)

Whanau Information

Whanau Name: First Name: _____ Last Name _____

Tamariki: (if any) _____

Dates of Birth: _____

Address: _____

Phone : _____

Iwi: _____ Hapu: _____

Signature: _____ Date: _____

Are any other services involved

Yes / No

If yes, please detail:

Please outline a brief summary of the current whanau situation and what you would like to see from a referral to Poutini Waiora

OFFICE USE:

Date received:

Date allocated

Kaimahi allocated to

Database & Client List Updated

REVISED May 2018