TE WHAITIPU COUNSELLING
(previously known as Mid North Family Support)
(09) 407 7511
info@tewhaitipu.co.nz
www.tewhaitipu.co.nz

ADULT – Client Referral form

1. REFERRER DETAILS

Date:	
Agency:	
Name and Position:	
Contact Number:	
Email:	

2. CLIENT DETAILS

Has the client consented to this referral?				**Yes** ☐	**No** ☐
Does the client consent to their Ethnicity, Age and Gender being used for statistical reporting purposes? **(No other personal data will be used or shared)**				**Yes** ☐	**No** ☐
Full Name:					
Gender / Pronoun:		**Date of Birth:**			
Phone:		**Email:**			
Physical Address:					
Ethnicity:		**Birth Country:**			
Hapu:		**Iwi:**			
Are there any cultural requests we can provide for the client?				**Yes** ☐	**No** ☐
Secondary Contact:	Name:				
	Phone:				
	Relationship:				

3. DOES THE CLIENT HAVE ANY CHILDREN UNDER 18? Yes ☐ No ☐

Name of Child	Date of Birth	In client's care?	
		Yes ☐	**No** ☐
		Yes ☐	**No** ☐
		Yes ☐	**No** ☐
		Yes ☐	**No** ☐

4. REASON/S FOR REFERRAL

What is the main reason for client enrolling with Te Whaitipu Counselling?		
Are there any parenting or court orders? (Please provide copies)	**Yes** ☐	**No** ☐
Is the client a survivor of sexual harm?	**Yes** ☐	**No** ☐
Has the client experienced family violence?	**Yes** ☐	**No** ☐
Are there any specific needs to be considered? (e.g Stairs a problem?)	**Yes** ☐	**No** ☐
Is there any further information (e.g mental or physical health diagnosis?)	**Yes** ☐	**No** ☐

What supports are currently in place?	
Name of Agency	Contact Name and Details

PLEASE SEND YOUR REFERRAL TO: info@tewhaitipu.co.nz

THANK YOU 😊