RISE: Respect, Inspire, Support, Empower

Please Send Referrals to:
Email- admin@rise.net.nz ***Phone – 03 548 3850*** ***Post – PO Box 896 Nelson***

External REFERRAL FORM - All Clients

Please fill in every section in order to have your referral processed.

Name of Person being referred			
Name:	Age	Gender	Ethnicity
Phone numbers:	DOB		IWI
Address:			

Referrers Contact details	
Referrer's name:	Date of referral:
Agency/Organisation:	Address:
Email:	Fax:
Phone:	Signature:

Referral is a result of:					
FGC (plan must be attached)		**Social work report**		**Other**	

What are your concerns that have prompted this referral?
What are the client's concerns?
Please identify the risk factors and symptoms that cause concern
Has the client been given a diagnosis from another health professional? Please note any medications the client may be on.

Parental Situation/Family History

Current situation: *Tick each relevant section*					
Victim of Violence		Oranga Tamariki involvement - Current		Housing	
Perpetrator of violence		Oranga Tamariki involvement - Historical		Disability	
Bullying		Parenting/child management		Literacy/learning difficulties	
Weapons		Anxiety/Depression/PTSD		Financial	
Sexual abuse		Alcohol, Drug, Substance Abuse		Health issues	
Childhood abuse/neglect		Gaming/ Gambling		Head injury	
Offending- Youth/Adult		Self-harm/Suicidal		Difficulties at school	
Pending charges		Relationships btw/with parents			
Social isolation		Relationships btw siblings			

Has the client attended RISE before? Please tell us what support they received?

What assistance do you want them to receive from our service?

What does the client hope for in seeking the referral?

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Are you still involved with the person/family? ***Please circle***	YES	NO
Is there a Protection Order?	YES	NO
What other services are currently involved?		

Adult clients - Have you discussed this referral with the client? YES NO

Client Consent I consent to the sharing of personal information between RISE LIVING SAFE and _____(Referral Agency)

Signed Client:_____ **Signed: Referral Agency:_____**

Youth Clients – Have you discussed this referral with the client	YES	NO
- Have you discussed this referral with the client's parents/caregivers	YES	NO