



Children's Programme

P O Box 6236

Upper Riccarton
8442

Contact:

Lyn Jansen

Phone:

(03) 374 5010

Fax:

(03) 374 9030

REFERRAL FORM

Date Referred _____

CLIENT INFORMATION

Given Name _____ Family Name _____

Date of Birth _____ Age _____

Ethnicity _____ Iwi _____

PARENTS / GUARDIANS NAMES

Names: _____ Phone: _____

Address _____

CAREGIVERS (if different)

Names: _____ Phone: _____

Address _____

Date of Placement: _____

SIBLINGS/OTHER CHILDREN LIVING WITH CLIENT

Name _____ Name _____

Age _____ Gender: _____ Age _____ Gender: _____

Living with Client Yes No Living with Client Yes No

Name _____ Name _____

Age _____ Gender: _____ Age _____ Gender _____

Living with Client: Yes No Living with Client Yes No

Name _____ Name _____

Age: _____ Gender _____ Age _____ Gender _____

Living with Client Yes No Living with Client Yes No

OTHER SIGNIFICANT / SUPPORT PERSONS

Name: _____ Name: _____

Address _____ Address _____

Relationship _____ Relationship _____

Phone _____ Phone _____

Living with Client Yes No Living with Client Yes No

REFERRAL SOURCE

Name _____ Address _____
Agency _____
Phone _____ Fax _____
Email: _____

LEGAL STATUS

Care / Protection FGC (Date) _____

PROBLEM BEHAVIOURS

Outline history of the following problem behaviours (include when and where displayed):

Sexually Harmful behaviours:

(Include ages and relationships to victims and details / reports of any assessment / treatment services)

Self harm and / or suicide attempts:

Violence/Acting Out Behaviours:

Diagnosis of psychiatric disorder: (ODD, ADHD, Depression, anxiety)

History of GSE involvement (please include copies of reports):

Key Contact Person _____

Phone / Fax/Email _____

Family / Whanau Information

(Include any reports / summaries of Family / Whanau history)

Quality of relationships of young person with key family / whanau members:

Family / whanau issues pertinent to referral

(please include psychiatric, legal and abuse issues):

History of CYFS / Iwi Social Services involvement with family / whanau:

Placement History

(including residential, foster care, extended families) -

Placement	Caregivers	Timeframe	
		From:	To:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical

Current GP Name _____

Address _____

Phone / Fax _____

Is the GP aware of this referral? Yes No

Significant medical history

(eg., allergies, asthma, epilepsy, disabilities, specialist reports):

Formal Reports & Records Checklist

It is important that you ensure copies of the following reports and records (if in existence) are attached to this referral (Please tick box).

Evidential interview reports	<input type="checkbox"/>	Family Group Conference Outcome	<input type="checkbox"/>
CYFS / Iwi Social Services reports	<input type="checkbox"/>	Medical specialists report	<input type="checkbox"/>
Assessment / Treatment reports	<input type="checkbox"/>	Educational / GES reports	<input type="checkbox"/>
Psychiatric / Psychological reports	<input type="checkbox"/>	Copy of any orders to the family (e.g. trespass/protection order)	<input type="checkbox"/>

PRIVACY ACT

By signing this form, parents/guardians are giving permission for information to be used for the following purposes:

- By staff of the STOP Children’s Programme for the purposes of the service delivery.
- Information may be shared with other professionals where it is considered to be in the best interests of the individual concerned and for matters of safety.
- Existing information held by the STOP Children’s Programme as a result of earlier consultations may also be used to help provide appropriate services.
- Auditors from funding agencies may also have access to clients files from time to time for purposes of clinical audits.

Please forward this referral form and the information requested above to:-

Lyn Jansen Phone (03) 374 5010
 Team Leader Fax (03) 374 9030
 STOP Children’s Programme Email: lyn@stop.org.nz
 P. O. Box 6236, Upper Riccarton
 CHRISTCHURCH 8442

Signature of parent/caregiver or legal guardian

Date