**Enrolment / Intake Form**

|  |  |  |
| --- | --- | --- |
| Date: |  | |
| External Referral | | Internal Referral | | Self-Referral |  |

**To/From (Service)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Counselling | Mother & Pepi | | | Te Whiriwhiringa | | | | | Mauri Ora | |
| Mokopuna Ora | Tamariki Ora | | | Tahuri Atu | | | | | Whanau Tautoko | |
| **Person Making Referral:** | | |  | | | | | | | |
| **Contact No.:** | | |  | | | | |  | |  |
| **External Referral To:** | | |  | | | | |  | |  |
|  | | |  | | | | | | | |
|  | |  | | | | | | | | |
| Name: | |  | | | | NHI: | | | | |
| DOB: | |  | | | Gender: | |  | | | |
| Ethnicity: | |  | | | Iwi | |  | | | |
| Address: | |  | | | | | | | | |
|  | |  | | | | | | | | |
| Telephone: | |  | | | Email: | |  | | | |
| Parent/Caregiver: | | DOB: | | | | | | | | |
| Do you have a GP? | | Yes  No GP: | | | | | | | | |
|  | |  | | | | | | | | |

**Is the client aware of this referral/intake?**  Yes  No

**Is there a dog/s at the property?**  Yes  No

**Reason for referral:**