**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:**