

REFERRAL FORM

YOUNG PERSONS DETAILS

Name: _____ Date of Referral: _____
Address: _____
Phone: _____ Young Persons Mobile: _____ Ethnicity: _____
D.O.B: _____ Age: _____ Male or Female: _____

PARENT / GUARDIAN

Name: _____ Relationship _____
Address: _____
Phone: _____ Mobile: _____ Email: _____

REFERRING AGENCY / PERSON

Agency Name: _____ Contact: _____
Agency Address: _____
Phone: _____ Mobile: _____

OTHER INFORMATION

Referred Client's SIGNATURE (*knows that the referral is being made*)

Signed: _____ Date: _____

Guardian's SIGNATURE (*knows that referral is being made*)

Signed: _____ Date: _____

FAMILY TREE

LEGAL STATUS *(charges, probation etc)*

RISK FACTORS

Aggression, assault, self-harm, suicide, relevant family factors such as Mental Health issues and family violence.

OTHER AGENCIES INVOLVED IN SUPPORT TO CLIENT

Name	Organisation	Contact Number

OTHER COMMENTS

Please send referrals to:

Postal: North Canterbury Youth Drug & Alcohol Services
PO Box 409
Rangiora, 7440
NORTH CANTERBURY

Email: ydaservice1@wellbeingnc.org.nz

Fax: (03) 310 6376 - Attention: Youth Drug & Alcohol Services