

ReachOut Referral Form

Referrer Details

Date _____

Referral received from _____ Phone _____

Organisation _____

How referral received _____

Client Details

Client Name _____ Date of Birth _____

Contact Details _____ Ethnicity _____

Current Address _____

Phone Number Home _____ Work _____

Mobile Number _____

Can we leave a message? (Y / N)

Client's Family Details

Partner or Ex-partner's name _____

Date of Birth _____

Please list all children under the age of 18 names and ages. Including step children or children in the clients care.

NAME	D.O.B	AGE	RELATIONSHIP TO CLIENT

Current Risks and Reason for the Referral

Alcohol / Drug use:

Has the client been assessed for alcohol or drug use? (Y / N)

Do you feel that the client has A & D issues that would impact on their ability to uptake ReachOuts service or potentially place ReachOut staff at risk during a home visit? (Y / N)

If yes could you please give further information?

Criminal History (Violence Related Charges)

Are there any unrestricted animals on the property? (Y / N)

Are there firearms on the property? (Y / N)

Does the client have access to firearms? (Y / N)

Does the client have a current Protection Order, Bail, Probation conditions or Parenting Orders? (Y / N) If yes could you please provide further information?

Does the client have any **Mental Health** risks that may impact on ReachOut delivering our service in the client's home?

Are there any **other hazards** that you are aware of that could impact on ReachOut being able to safely offer services to your client? _____

Referrer's signature _____

Date _____

Please return this form to ReachOut via email enquiries@avivafamilies.org.nz

Fax (03) 377 2847

P.O. Box 24161, Christchurch 8642