

DATE:

REFERRAL / INTAKE SHEET

REFERRAL SOURCE:

REFERRER'S PHONE:

DUTY WORKER:

ALLOCATED TO:

CLIENT / PARENT / CAREGIVER:

DOB

SEX

ETHNICITY

IWI

ADDRESS:

PHONE: (MOBILE)

(WORK)

(HOME)

EMAIL:

PREFERRED CONTACT

TXT:

EMAIL:

MOBILE:

HOME:

VOICEMAIL:

DEPENDENT CHILDREN

DOB

SEX

ETHNICITY

IWI

FAMILY COMPOSITION (PLEASE TICK)

Single Parent

Two Parent (birth)

Two Parent (step)

Individual

Couple

Other

Current or potential risk to the child / adult / self-safety?

COMMENTS:

URGENCY / AVAILABILITY:

ISSUES

Child's Behaviour or Needs

Parenting Skills

Relationship Problems

Effects of Addictions

Effects of Violence or Abuse

Grief

Mental Health Issues



SERVICE REQUESTED

Couns. Individual
Couns. Family

Couns. Couple

PSYCHOLOGY

Child and Family
Social Work

Learning Assessment
Catholic Schools

Learning Assessment

Linwood Avenue
Shirley Primary
Rawhiti
Gilberthorpe

Are you on a waiting list elsewhere? (please tick)

Where did you hear about our services?

Are you a previous client of CSS? (please tick)

Family / Friend

Health Care Provider

Church

Oranga Tamariki

School

Other CSS Programme

Other Agency

PREVIOUS REASON / ISSUE:

WHEN:

WITH WHOM:

BRIEF SUMMARY OF REASON FOR REFERRAL:

CSS staff use this information to respond to your request for a referral and manage the process thereafter.

We will not disclose your information to third parties unless we have your consent, or if we are required to by law.

We take all reasonable precautions to keep your information safe and secure.

catholicsocialservices.nz



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