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. Couple ☐

Couns. Family ☐

PSYCHOLOGY

Child and Family ☐ Learning Assessment ☐

Social Work ☐ Community Connector ☐

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

Where did you hear about our services?

Family / Friend ☐

Health Care Provider ☐

Church ☐

Oranga Tamariki ☐

School ☐

Other CSS Programme ☐

Other Agency ☐

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

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.

Matthew Brodie House

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