



The Trust Tararua

43 Main Street
Pahiatua
Phone: 06 376 7608

REFERRAL Confidential Client Information

Has the client consented to this referral? Yes No

The Trust' Tararua Services:

Parenting Kaiāwhina: <input type="checkbox"/>	Safer Seniors / Elder Abuse: <input type="checkbox"/>	Community Support Services:
	EPOA contact/phone: _____	Whanau Family Support <input type="checkbox"/>
	Welfare guardian contact/phone: _____	Family violence social worker <input type="checkbox"/>
		Counselling services <input type="checkbox"/>

Name:		DOB:	
Address:		Email:	
Phone/Cell:		Doctor:	
Ethnicity:		Iwi Affiliation:	

Additional Contact/Next of Kin:			
Name:		Phone:	
Relationship to client:			

Medical Conditions or Diagnosis:

Reason for referral:

Are there other services involved? (If client consents, please list)

Referred From:

Name:		Date:	
Email:		Organisation:	

Referral Acknowledged:

Name: _____ Signed: _____ Date: _____