



Starfish – Referral Form

Referrer Information

Organisation: _____ Referral Date: _____

Contact person: _____ Phone No. _____

Contact Address: _____

Fax No. _____

Client Information

Title: _____ Surname: _____ Given Names: _____

Address: _____

Date of Birth: ___/___/___ Ethnicity _____

Phone No. (Day) _____ (After Hours) _____

Has the client consented to be contacted by letter: Yes No

Has the client consented to be contacted by phone: Yes No

Has your client consented to be contacted by email: Yes No

Has the client consented to referral: Yes No

Client Signature (if available) _____ Date ___/___/___

Signature of Referrer _____ Date ___/___/___

Information

Reason for referral: _____

Client Treatment Goals: _____

Readiness to work on goals and issues:

Hesitant **Casual** **Hopeful** **Ready for action**

Current Substance Use: _____

Mental Health History (past and current) _____

Whanau/Family History _____

Current Medication: _____

Self Harm/ Harm to Others/Suicide Risk: _____

Justice Issues

Current Charges: _____ **Court:** _____

Date ___/___/___

Other Comments: _____



Referral process for bringing clients to Starfish

We welcome your referrals to Starfish and ask that you provide as much relevant information as possible to make the process comfortable for our clients.

- 1. Please fill out the attached referral papers.**
- 2. Please post the referral to Starfish, at PO Box 71, Matamata. Or email to jo@starfishservices.org.nz**
- 3. Once the referral is made, please encourage your client to phone our office on (07) 888 8795.**
- 4. Alternatively, we can contact your client (with their permission) by phone, email or post within 2 working days to suggest a first appointment time.**
- 5. Our clinic hours are 8.30am- 4.30pm, Monday to Friday and phone or personal enquiries are welcome.**
- 6. We endeavor to work co-operatively with referrers at all stages, provided informed consent for this process is given by the client.**
- 7. We look forward to providing a professional and supportive service to you and your clients.**