

**MENTAL HEALTH & ADDICTIONS REFERRAL FORM
HAWKES BAY**



NHI: _____ Date: _____

**required field*

* First Name: _____ *Surname: _____

Preferred Name: _____ *Gender: _____

*DOB: _____ Ethnicity: _____ Iwi: _____

*Address: _____

*Phone contact: Hm: _____ Mobile: _____

Email: _____ *Preferred contact method: Phone Email

Referring Agency: _____

Keyworker/Referrer Name: _____

Referrer Phone contact: _____ Email: _____

Referrer Address: _____

Next of Kin & Contact Details: _____

Are Next of Kin/Family/Whanau aware of and support referral? Yes | No
Is the consumer aware of and agrees to the referral? Yes | No

GP: _____

Substances of choice?

Meth/amphetamines Cannabis Alcohol Opiates Solvents Synthetic Highs
Benzodiazepines LSD/Hallucinogens Tobacco IV Drug Use Other: _____

Any mental health issues (please state): _____

Any Medical concerns or allergies (please state): _____

Does the consumer have.. Children aged under 14 in your care? Yes | No
Any pending charges with the courts? Yes | No
Difficulties in reading/writing/memory? Yes | No

Services to be considered for assessment:

Support Groups | Residential Programme | Community Day Programme

Where did you find out about our service? _____

Any other comments? _____

Please send referral to: MASH Trust | PO Box 549 | Hastings
Phone: 06 870 4239 or 0800 6274 878 | Referral Fax: 06 870 3913
Referral Email: hbreferral@masstrust.org.nz