

# MENTAL HEALTH & ADDICTIONS REFERRAL FORM

## Palmerston North



### \*Required field

Name: \_\_\_\_\_  Previous engagement with MASH

\*Legal first name: \_\_\_\_\_ \*Legal surname: \_\_\_\_\_

\*DOB: \_\_\_\_\_ \*Gender: \_\_\_\_\_

\*Ethnicity: \_\_\_\_\_ Iwi: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Phone contact(s): \_\_\_\_\_

Email: \_\_\_\_\_ \*Preferred contact method:  
 Phone  Text  Email

### Do any of the following apply to you?

Children in your care  Oranga Tamariki (CYFS) Involvement  
 Community Corrections/Probation Probation Officer name: \_\_\_\_\_  
 On EM Bail  MH/Addictions Services  
 Charges pending Court date: \_\_\_\_\_

What other services are you engaged with? \_\_\_\_\_

### What substance/s are you using?

Meth/amphetamines Cannabis Alcohol Opiates Solvents Synthetic Highs  
 Benzodiazepines LSD/Hallucinogens IV Use Prescription Medication Other: \_\_\_\_\_

### What service/s would you like to attend?

Monarch Community Programme  1:1 Support  
 Monarch Residential Programme  Support Group  
 WRAPPED Programme  Education Group (Facts & Effects)

### What are your top three current concerns?

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

Any medical or mental health concerns: \_\_\_\_\_

Any additional support required: \_\_\_\_\_

Please send referral to: MASH Trust | 591 Main Street, PO Box 157 | Palmerston North  
 Phone: 06 355 7200 or 0800 6274 878 | Referral Fax: 06 355 7201  
 Referral Email: [aodreferral@masstrust.org.nz](mailto:aodreferral@masstrust.org.nz)

### MASH Staff use only:

Staff name: \_\_\_\_\_ Date of Initial Contact/Referral: \_\_\_\_\_ Time: \_\_\_\_\_

Contact Type: (circle):  phone  email/fax  face-to-face  other: \_\_\_\_\_

PRIMHD TCode: **T32** (just family/whanau) **T36** (client & family) **T42** (just client) **T08** (Professional – no client)

PRIMHD Team: **173** (clinical) **174** (non-clinical)

Referral Open Date/Time: \_\_\_\_\_ Scanned: