

# Ahikāroa Referral Form

(Please note, this form must be completed electronically – we are unable to accept handwritten forms)

## Which service are you referring for? (please select ONE)

Independent housing

MH residential recovery service

Short stay in MH residential recovery service  
(for stays of two weeks or less)

## Tangata whai ora details

Full name

Preferred name

NHI number

Gender

Ethnicity

Date of birth

Address

Dependents/pregnant

Current living situation

We acknowledge that whakapapa (genealogy) is tapu (sacred) and you may not want to write it down.

If you would like to, please share your Iwi/Hapū/Marae

Cultural considerations

Communication needs (e.g. interpreter required, hearing/vision impairment, literacy level)

## Whānau details

Next of kin

Relationship

Address

Contact number

Preferred/active whānau contacts. (Name(s), relationship to tāngata whai ora and contact details)

EPA Personal Care/Welfare

EPA Property

## Wellbeing information

Mental health diagnosis/es

Are you currently using any substances?

Yes

No

Physical health diagnosis/es

Previous offending

Do you have any allergies?  
(please specify)Do you have any bail/  
probation conditions?

Do you have any mobility limitations?

Yes

No

When was your last flu vaccine?

## Support system

MH &amp; AS Community Keyworker

Clinical team

Keyworker contact number

Key worker email address

GP

Medical Centre

Other agencies involved

Social/informal supports

## Income

Income type

If other, please describe

WINZ Number

CSC Number

Do you have your own bank account?

Yes

No

Do you have your own Eftpos card?

Yes

No

ID

If other, please specify

## Ahikāroa Referral Form page 2

### COVID-19 Checklist – Symptoms/recent travel or contact with someone with novel coronavirus

Do you have an underlying condition that puts you at a higher risk to the effects of COVID-19? If other, please describe

Have you had any of the following symptoms in the last 48 hours? (Select all that apply)?	Cough (new or worsening)	Temporary loss of smell	Sneezing and a runny nose
	Shortness of breath	Sore throat	Mucus from your nose going down the back of your throat (postnasal drip)
	Fever (38oC or higher)	Loss of taste	

Have you been in close contact or casual contact with a person with suspected, probable, or confirmed infection of COVID-19 in the 14 days before the onset of your symptoms? If YES, dates of contact

Yes      No

Have you travelled internationally within 14 days before the onset of illness? If YES, provide details

Yes      No

Are you awaiting the results of a COVID-19 test?      Yes      No

### **Short Stay MH Residential Recovery Service Referrals ONLY (for stays of approx 2 weeks or less)**

Provider/site	Service level
Entry date	Brief reason for referral
Exit date	Plan upon exit
Has a medication prescription been sent to a pharmacy?      Yes      No	No
Dietary requirements	If other, please specify

### **MH Residential Recovery Service Referrals ONLY – Not required for short stay**

Area/town/location preferred      Overnight staff required?

Able to share with others?      Yes      No – requires own flat

Is there anyone you cannot live with/near?      Yes      No      If yes, please specify:

What else is important to consider (e.g. kaupapa Māori service preferred, type of support/structure/environment, AOD considerations)?

Placement goals	Support needed to achieve these goals
Short-term goals	
Long-term goals	
Goal review date	Exit plan/timeframe

## Ahikāroa Referral Form page 3

### **Independent Housing Referrals ONLY**

What town/suburb would you like to live in?

What other areas/town would you consider living in?

Will anyone else be living with you?      Yes      No      If yes, please specify

Pets?      Yes      No      If yes, please specify

Are you able to share a home with others?

Is there anyone you cannot live with/near?      Yes      No      If yes, please specify

### **Consent**

Tangata whai ora has consented to this referral to Ahikāroa	Yes	No
Tangata whai ora understands what health information will be shared with this referral	Yes	No
Residential referrals: Tangata whai ora understands that Ahikāroa will share this information with residential providers	Yes	No

### **Checklist – please note we cannot process your referral unless we have all the required information**

All relevant sections of the form have been completed	WDHB documents updated and attached – Community teams <ul style="list-style-type: none"> <li>• Risk assessment and pattern analysis</li> </ul>
WDHB documents updated and attached – HRBC <ul style="list-style-type: none"> <li>• Risk assessment and pattern analysis</li> <li>• HRBC Allied Health assessment</li> <li>• HRBC admission document</li> </ul>	WDHB documents updated in CWS – Community teams <ul style="list-style-type: none"> <li>• Comprehensive assessment/MH&amp;A assessment</li> <li>• Recovery plan</li> </ul>
Tangata whai ora consent has been gained and recorded	Hauora Waikato supporting documents attached

### **Referrer details**

Name	Team/Service
Role/Designation	Contact number
Email address	Preferred method of contact
Referral date	

### **For Ahikāroa office use only**

Date referral received

Received by

Please email the referral form and required documents to [Ahikaroa@wisegroup.co.nz](mailto:Ahikaroa@wisegroup.co.nz)

For any questions, please contact LinkPeople on 0800 932 432