



FAMILY LINK

Support, Education & Advocacy

Family and Whanau Referral Form

Historic Village 17th Avenue West Tauranga.

Phone 577 1457

Full Information required for PRIMHD Reporting (*)

*Full name of Parent/Caregiver _____

*Date of Birth: ___/___/___ *NHI No: _____

*Address: Street number and name: _____

*Suburb: _____

*Town/City: _____

*Phone numbers: Landline: _____ *Cell Ph.: _____

*Ethnicity: _____

*Gender: *Male Female*

Date of referral: _____

Unwell Family members full name: _____

Date of Birth: ___/___/___

Address: Street number and name: _____

Suburb: _____

Town/City: _____

Psychiatrist: _____

Case Manager: _____

Contact Number for referrer: _____

Name of Service? _____

Are the family aware of the diagnosis? Y N

How did you hear about Family Link? _____

Please fax to FAMILY LINK (07) 577 1467. This document is confidential. If you have received it in error it is important that you notify FAMILY LINK on Phone 07 577 1457.