



Phone: 09 839 7480 / 0800 562 023

Email: kahutaurima@healthwest.co.nz

Address: 45 Lincoln Road, Henderson

Date:

CLIENT DETAILS:			MAIN CONTACT:	
			Parent ☐ Guardian ☐ Caregiver ☐ Other ☐	
Name:			Name:	
NHI:	DOB:	Age:	Relationship to Client:	
Address:			Phone:	
			Email:	
Phone:				
Email:			ALTERNATIVE CONTACT:	
Gender:			Parent ☐ Guardian ☐ Caregiver ☐ Other ☐	
Ethnicity:			Name:	
Iwi:			Relationship to Client:	
GP:			Phone:	
CONSENT:			Email:	
Has the client agreed to the referral? Yes ☐ No ☐				
Important Note: The privacy of you and your whānau is important to us and we are committed to safeguarding your information. To help protect your privacy, you will need to be informed as to where your client records are held and who has access to them. This will occur in the following ways: • When referred – when you are referred to the Kahu Taurima service, a kaimahi will document the healthcare that will be provided to you. Your client records will be held electronically in a Patient Management System (PMS) called MedTech Evolution. This PMS is managed by Te Puna Manawa HealthWEST. All records are considered private and confidential and will only be accessed by the kaimahi who is working with you. Information will not be shared without your consent, unless there are safety concerns. • Whakawhanaungatanga– privacy and confidentiality will be discussed the first time you meet with your kaimahi. • Privacy and confidentiality can be discussed at any other time if the kaimahi you see deems necessary. All kaimahi will enter into an agreement with Te Puna Manawa HealthWEST to uphold the privacy and confidentiality of service users. This will be in the form of a signed document.				
Has the client agreed for their details to be updated across all Te Puna Manawa services? Yes ☐ No ☐				
Are the parents/legal guardians consenting to this referral? (under 16 year old clients) Yes ☐ No ☐				
Is it okay to leave messages when client is not available? (Call or Text) Yes ☐ No ☐				
Is it okay to send correspondence to the client? (Letters) Yes ☐ No ☐				
REFERRER DETAILS:				
Name:			Organisation Details:	
Phone:				
Email:				
Relationship to Client:				

**WHĀNAU (who lives with client):**

Name:	DOB:	Gender:

Presenting Worries:**Are there any mental health concerns:****Referrers Expectations:****Current Agencies/Workers Involved:****Dogs on Property:****Preferred Appointment Days/Times:****Is there anything else you would like us to know? *Please attach any other relevant information you feel may be helpful.***