YOUTH HEALTH CLINIC REFERRAL FORM

Phone: 09 836 2329 / 0800 562 023 **Email: youthclinic@healthwest.co.nz**
Option 0 – Reception for both Youth Clinics
Address: 49 Lincoln Road, Henderson
414 Glenfield Road, Glenfield

YOUTH HEALTH CLINIC REFERRAL: I'm referring myself: Yes ☐ No ☐
YOUNG PERSON'S DETAILS:
Name:
Preferred Name:
Date Of Birth: **Age:**
Address:
Phone Number:
Email:
Gender:
Ethnicity:
Iwi:
GP:
School: **Year:**
ALTERNATIVE CONTACT – NEXT OF KIN
Parent ☐ Guardian ☐ Caregiver ☐ Other ☐
Name:
Relationship to Client:
Phone Number:
Email:
CONSENT:
Has the Young Person agreed to the referral? Yes ☐ No ☐
Is the Young Person Aware of the content of this referral? Yes ☐ No ☐
Are the parents/legal guardian consenting to this referral? Yes ☐ No ☐
If you also access the following Te Puna Manawa services, do you give consent for your Medical records to be shared with them? **School Based Health Services Yes ☐ No ☐ Not applicable ☐** *(Health Clinics in schools supported by Nurses and Doctors allowing students to access healthcare whilst at school)* **Youth Mental Health Service Yes ☐ No ☐ Not applicable ☐** *(A free mental health service for young people aged 12-24 years)*
Do you consent to information about you being shared with the referrer? Yes ☐ No ☐
REFERRER DETAILS:
Name:
Phone Number:
Email:
Date of Referral:
Organisation Details:
Relationship to the Young Person:

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Reason for referral (Tick all relevant boxes):

☐ Physical Health
☐ Mental Health (please note we are not doing ADHD assessments or diagnosis)
☐ Sexual Health: STI testing and treatment
☐ Contraception including depo, OCP, Jadelle implants/removals (please note we are not doing IUD inserts/removals)
☐ Cough, colds, sore throat
☐ Asthma
☐ Pregnancy: tests, advice, and support
☐ Gender Affirming Healthcare
☐ Injury due to accidents or sports
☐ Medical Certificates
☐ Skin conditions: acne, eczema, skin infections, rashes
☐ Specialist referrals
☐ Vaccinations
☐ Prescriptions/Medications
☐ WINZ
☐ Other (please specify below)

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I understand that by registering at the Youth Health Hub all my personal details will be stored in the patient management system (PMS) called MedTech. The (PMS) MedTech is managed by Te Puna Manawa HealthWEST.
No details will be shared without your consent unless your safety is at risk. We will not share any information without informing you first. Healthcare professionals involved with your care will access medical records stored in MedTech. Your notes may also be accessed for quality and auditing purposes.

Presenting Concerns: What's happening that you would like help with?

Expectations: How would you like us to help with this?

Current Medications:
Health Conditions:

What other services or organisations are supporting you?

Preferred Appointment Days/Times:

Is there anything else you would like us to know?

Once this form has been completed, please send it through to: Youth Clinic – youthclinic@healthwest.co.nz
Please attach any other relevant information you feel may be helpful.

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