



Whakamātūtū

A PLACE OF RECOVERY

Referral Form

GP/healthcare provider's name:	
GP Practice/Health Practice:	
Referrer's contact number:	
Name of person being referred:	
Contact number of person being referred:	
Email address of person being referred:	
Address of person being referred:	
NHI:	DoB:
What is the reason for referral?:	

Whakamātūtū is a **day service** operating 9am-4.30pm Monday-Friday. Your practice will remain the key clinical lead for all matters relating to your patient. Our clinicians will contact you to discuss any medication queries or concerns around your patient's mental state.

I am aware I will remain the key clinical lead for my client during their time in the Whakamātūtū programme. Yes (referrer to tick)

Risk screening checklist, tick the relevant boxes. When marking “yes” or “don’t know” please provide a comment and attach any relevant clinical notes.

Screening questions	Yes	No	Don't know	Comment
Is there a current risk of self-harm or suicide?				
If yes, have there been any attempts in the past 3 months?				
Is there recent violence or current risk of harm to others identified?				
Does the person have any bail or probation conditions?				
Is there a history of sexual offending, serious violent offending, arson or fire setting?				
Does the person have active substance abuse issues?				
Does the person have a history of psychotic episodes? If yes, when was the last?				

Before submitting your referral, please ensure you have provided the following documentation:

- Relevant clinical notes
- Drug or food allergies
- MHAIDS Comprehensive Plan (if applicable)
- Current medications
- Relevant discharge summaries
- MHAIDS Wellness Plan (if applicable)