Professional Referral

Hearts & Minds
Manawa Ora me te Hinengaro
Strengthening the Wellbeing of People and Communities

Please provide the following details to submit a referral to our database.

Courses are exclusively for clients with **mild to moderate** health issues
Clients must be 18+ and reside within the **WDHB catchment** area

Referral Date

dd/MM/yyyy
e.g. 14/07/1998

REFERRER

Referral Type

- [ ] GP/Health Professional Referral
- [ ] Community Organisation Referral
- [ ] Self Referral - Please enter your GP details below

GP Practice

Name of Doctor (or Health Professional)

GP/Health Professional Phone

GP/Health Professional Email

CLIENT

Name *

First
Last

Gender Please state

Ethnicity Please state

Address *

Street Address

Address Line 2

Suburb

Postal Code

Client Phone *

Client D.O.B (must be over 18) *

dd/MM/yyyy
e.g. 25/12/2000

Client Email *

Emergency Contact *

Name *Phone Number*

Reasons for Referral

- [ ] Anxiety
- [ ] Stress
- [ ] Depression
- [ ] Self Esteem/Confidence
- [ ] Anger
- [ ] Deeply distressed (Grief/Loss)
- [ ] Other - Please expand below

Other

Mild to Moderate Mental Health issues - Free Groups with Referral

Please comment on:

Any Formal diagnoses

Has this individual had any risk events in the past 12months e.g. suicidal/self-harm/psychosis / violence - Please advise

Would you consider this individual to be safe in attending in person or online groups and courses?

- [ ] Yes
- [ ] No

Current Mental Health Status - Would you consider this individual to be stable?

- [ ] Yes
- [ ] No

Protective Factors- current supports/ strengths *

- [ ] Client has given their consent for this referral *

For further information phone: 09 441 8989, or email us at learning@heartsandminds.org.nz