

## Referral from Another Agency

---

Referring Agency: \_\_\_\_\_

Contact Person (Full Name): \_\_\_\_\_

Role (ie Social Worker/GP etc): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Other Agencies and Individual Professionals Involved:

Name: \_\_\_\_\_ Professional Status: \_\_\_\_\_

Agency: \_\_\_\_\_

---

### CLIENT DETAILS

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Iwi Affiliation: \_\_\_\_\_

Relationship: \_\_\_\_\_

Whanau / household members and the relationship to client:

Name	DOB	Age	M/F	Ethnicity	Relationship

---

Reason for referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any known risks / safety concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any information CSS need to be aware of when considering lone working / home visits?:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other useful information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CLIENT'S PERMISSION**

Have you the client's permission to pass on their details to Catholic Social Services so they can contact them directly? YES / NO

\_\_\_\_\_  
Referral person's signature

\_\_\_\_\_  
Date