



*Hapai ake te whanau ki ngā taumata oranga  
Working with whanau to achieve a positive & healthy change*

**ENROLMENT / INTAKE FORM**

Date: \_\_\_\_\_

External Referral       Internal Referral       Self-Referral

**To/From (Service)**

Counselling       Mother & Pepi       Whānau Ora       Mauri Ora  
 Mokopuna Ora       Tamariki Ora       Tahuri Atu       Whānau Tautoko  
 Community Connector

**Person Making Referral:** \_\_\_\_\_

**Contact No.:** \_\_\_\_\_

**External Referral To:** \_\_\_\_\_

Name:	_____	NHI:	_____
DOB:	_____	Gender:	_____
Ethnicity:	_____	Iwi	_____
Address:	_____ _____ _____		
Telephone:	_____	Email:	_____
Parent/Caregiver:	_____	DOB:	_____
Do you have a GP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	GP: _____

**Is the client aware of this referral/intake?**       Yes       No

**Is there a dog/s at the property?**       Yes       No

**Reason for referral:**

Referrer's Signature

Approved/Declined

Signed

Date