



## CLIENT INFORMATION

Legal Name			
Preferred Name			
Address			
DOB	Gender	Male / Female	NHI
Phone		Email	
Ethnicity		Iwi/Hapu	
GP Contact Details			
Next of Kin / Guardian		Contact Number	

## SERVICES

Service required (please circle)	Mahi Tū Ora/Vocational Support	Rangatahi/Youth Alcohol and other Drug Counselling
Has client been informed of referral? Yes / No	Rangatahi Guardian sign off	
Reason for referral		
All other relevant information		
Other services involved		

## REFERRER DETAILS

Date referred	Referred by (Organisation)	
Referrer's Name	Position	
Phone	Email	

<b>OFFICE USE ONLY</b>	Date Received	Date Allocated
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### Palmerston North Office

74 Grey St, Palmerston North  
Phone: 06 354 0670

### Levin Office

Phone: 06 367 2241

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Palmerston North 4440  
admin@whaioro.org.nz

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