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| *Programme details referring to* |
| *Location* |  | *Date commencing* | *Day*Click or tap to enter a date. |
| *Session dates and times* | *Day*Click or tap to enter a date. | *time - time* |
| Click or tap to enter a date. | *time - time* |
| Click or tap to enter a date. | *time - time* |
| Click or tap to enter a date. | *time - time* |
| Click or tap to enter a date. | *time - time* |
| Click or tap to enter a date. | *time - time*  |
| **This programme is for parents/caregivers, your child/teenager should not attend.** |
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| Client details |
| Name of young person referred |  | DOB |  |
| NHI |  |
| Address |  | Ethnicity |  |
| Iwi/Hapu |  |
| Gender (m/f) |  |
| Preferred language |  | Interpreter (y/n) |  |
| General practitioner  | *Name* |  | Diagnosis (including secondary diagnosis) |  |
| *Practice* |  |
| *Phone* |  |
| Legal Status – Child*(e.g. 141, 145 order)* |  | Person(s) with legal status *(if applicable)* |  |
| Person who made diagnosis *(Paediatrician / Psychiatrist)* | *Name* |  | Diagnosis date |  |
| *Service* |  |
| *Phone* |  |
| Other services involved *(name and details)* |  | NASC Coordinator |  |

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| Parent/guardian details |
| Name (s) |  | Address (if different from above) |  |
| Contact details | *Phone* |  |
| *Mobile* |  |
| *Email* |  |

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| Referrer details *(if different from above)* |
| Name |  | Date of referral |  |
| Role with child |  | Contact details | *Phone* |  |
| *Email* |  |

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| Who will be attending the Teen Life programme? |
| Name of family member(s) attending and relationship to child |  |
| Name professional (s) attending and role in young person’s life |  |

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| Referral Consent |
| This referral has been discussed with the person and/or their parent/guardian and agreement gained to make this referral for participation in the Teen Life programme. | *yes/no* |
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| Parent Education referral – additional Information |
| Other programmes or education workshops attended |  |