

NHI:

Date:



# MENTAL HEALTH & ADDICTIONS REFERRAL FORM

**\*Required field**

\*Location applying to:  Hawkes Bay  Palmerston North

\*Legal first name: \_\_\_\_\_ \*Legal surname: \_\_\_\_\_

Preferred name: \_\_\_\_\_ \*DOB: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*Gender: \_\_\_\_\_

\*Phone contact(s): Hm: \_\_\_\_\_

Previous engagement with MASH

Mob: \_\_\_\_\_

\*Ethnicity: \_\_\_\_\_

Iwi: \_\_\_\_\_

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

\*Preferred contact method:  Phone  Text  Email

## Referral information and Key Worker

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

Key Worker: Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

## Do any of the following apply to you?

Any children aged under 14 in your care?  Yes /  No

Difficulties in reading/writing/memory?  Yes /  No

Any charges pending in the courts?  Yes /  No

If yes, court date: \_\_\_\_\_

What other services are you engaged with? \_\_\_\_\_

## What substance/s are you using? (circle)

Meth/amphetamines Cannabis Alcohol Opiates Solvents Synthetic Highs

Benzodiazepines LSD/Hallucinogens IV Use Prescription Medication Tobacco

Other: \_\_\_\_\_

## What service/s would you like to attend?

Monarch Residential Programme

Support Group

Monarch Community Programme (conditions apply)

WRAPPED Programme (Palmerston North only)

Please send referral to:

**Palmerston North:** 180 Cuba Street, PO Box 157, Palmerston North

Phone: 06 355 7200 or 0800 6274 878 Email: [aodreferral@mashttrust.org.nz](mailto:aodreferral@mashttrust.org.nz)

**Hawkes Bay:** Phone: 06 807 4265 [hbreferral@mashttrust.org.nz](mailto:hbreferral@mashttrust.org.nz)

### MASH Staff use only:

Staff name: \_\_\_\_\_ Date of Initial Contact/Referral: \_\_\_\_\_ Time: \_\_\_\_\_

Contact Type: (circle):  phone  email/fax  face-to-face  other: \_\_\_\_\_

Referral Open Date/Time: \_\_\_\_\_ Scanned: