CAMBRIDGE
Community House
TE WHARE MANAAKI TANGATA

Service Intake/ Self-Referral Form

Date: ..... Have you accessed our service before? Yes/No

Title: ..... Name: ..... Preferred name: .....

Date of Birth: ..... Age: ..... Gender: M F Other .....

Please Note - Our services are currently provided to people living in the Cambridge area only.
We are happy to suggest other services for you if you live outside of our area.

Address: .....
Can we send mail to this address? Yes/No

Telephone: ..... Mobile: .....
Can we leave a message on this number? Yes/No Can we text you on this number? Yes/No

Please indicate your residency status:
NZ Citizen NZ Resident Other (if other please explain) .....

Which Ethnic group or Nationality do you most closely identify with?
Tick as many as applicable

NZ Maori ❑ Iwi .....
NZ Pakeha ❑ Other Ethnic Group ❑ (Please Specify).....
European ❑ Asian ❑ (Please specify).....
New Zealander ❑ Pacific ❑ (Please specify).....

Is there an alternative person we can contact on your behalf or in case of an emergency? Yes/No

Name: ..... Relationship: ..... Phone no: .....

Who referred you to our service? .....
(E.g. Doctor, Friend, Family, Self, other service/agency)

Current Doctor: ..... Location: .....

Do you have any allergies or medical alerts? Yes/No: .....

Do you have any specific support needs? E.g. hearing, visual, mobility, literacy, other? Yes/No

If yes, please explain.....

Do you hold a current Community Services Card? Yes/No Card No: .....

Are you currently with another agency? Yes/No: .....
(E.g. CADS, Adult Mental Health, ICAMHs, Budget, Oranga Tamariki, Probation, Diversion)

Counselling sessions are charged at a subsidised rate of $60 per session.
Will you be able to meet this cost? (does not apply to Alcohol & Drug, Family Violence, Midlands Health)
Yes/No

PLEASE TURN OVER ☺

Do you have any children under the age of 18?
If so, please give details below:

Name	Date of birth	Do they live with you?
.....	.....	Yes/No
.....	.....	Yes/No
.....	.....	Yes/No
.....	.....	Yes/No

Please indicate which best describes your reasons for contacting us

Tick as many as applicable then place a star next to the most pressing reason ∗

Information or support	❑	Health	❑
Money / Finances	❑	Alcohol and/or Drug	❑
Family	❑	Anxiety	❑
Relationship	❑	Depression	❑
Stress	❑	Anger	❑
Grief / Loss	❑	Violence or Abuse	❑
Literacy (reading/writing)	❑	Other	❑

In completing this form you are requesting assistance from our agency. For our records we will add your details to our internal database for statistical purposes and to contact you for an appointment.

We look forward to offering you an appointment as soon as possible.
Should you need to cancel your appointment please give us as much notice as you can.
If you miss appointments we may close your file.

We reserve the right to turn away people who are abusive toward staff or appear to be under the influence of alcohol or drugs at the time of their appointment.

FOR STAFF USE ONLY

Services Required: .....

Staff Member/s:..... Contract: .....

Payment Options Discussed: ❑ Agreed Payment Amount: $.....per session

Allocation: Urgent ☐ Semi Urgent ☐ Non Urgent ☐

Added to LifeData ❑ 1st Appointment Date: .....