

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

Email:.....(optional) Ok with Audio Visual (eg.Zoom) call Yes/No

Please indicate your residency status:

NZ Citizen NZ Resident Other (if other please explain)

Country you were you born in.....

Your Ethnicity (Tick as many as applicable)

NZ Maori Iwi

NZ Pakeha/European

Pacific (Please specify).....

Asian (Please specify).....

European (Please specify).....

Other Ethnicity (Please Specify).....

Next of Kin: Name.....Phone/email.....

Is there an alternative person we can contact on your behalf or in case of an emergency (if different from above)

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 enrolled with another agency or service? Yes/No:

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(E.g. CADS, Mental Health, ICAMHs, Financial/budget, Oranga Tamariki, Probation, Diversion, Employment support i.e Workwise)

