



# NORTH CANTERBURY SERVICES – REFERRAL FORM

6 Kingsford Smith Drive, Rangiora. Phone (03) 377 7020

Percival House Services now operating from our new Community Hub

Client Details	
Name:	Date of Birth:
Address:	Gender:
Phone:	Ethnicity:
Email:	Iwi:
NHI:	Crisis Plan <i>Please attach if you have one</i>
Diagnosis:	Physical barriers <i>if any</i>

Preferred Service	Select service and outline your client's current support needs
<b>Community Support Worker</b> Practical recovery-focused support	Please complete the CAP Referral form rather than this one to follow single point of entry pathway
<b>Activelinks</b> Activity-based Recovery support	
<b>Peer Support Worker</b> Talking-relational, recovery-focused support	
<b>Educational &amp; Support Groups</b> Strengths-focused/recovery-focused psycho-education workshops	
<b>Young Adults Support Service</b> Ages 18 – 39) Group and 1 to 1 support *Including some Addiction Support	

Clinical Case Manager	Referrer (if not Case Manager or GP)
Name:	Name:
Service:	Relationship to client:
Phone:	Phone:
Cell Phone:	Cell Phone:

Client to Complete
<p><i>I consent to be referred to Comcare North Canterbury Services and for Comcare staff to contact my Clinical Case Manager or GP to discuss issues that will assist Comcare in working safely with me.</i></p> <p>Signed _____ Date _____</p>

Please return this form to:

Post	Fax (fastest)	Email
PO Box 22 004 Christchurch 8140	(03) 961 0794	northcanterbury@comcare.org.nz

<b>Office Use Only</b>	<b>Date Received</b>
------------------------	----------------------

“Ko te whakaora, he hikoi whakamarama. Mana ano tona ake ara whakaora e whakarau”  
 “A journey of discovery where an individual leads their own unique process of moving forwards”