

NGO Youth Mental Health and Alcohol & Other Drugs Services Christchurch

Referral Form

(This referral form can be sent directly to the agencies listed below or if you are unsure where to send this referral form please forward it to CYMHS who will forward to the appropriate agency)

Details of client:		Date of Referral: ___/___/___	
Name:		Date of Birth:	Gender:
Address:			
Contact Phone:			
Client Email:		Family Email:	
Ethnicity:	Iwi:	NHI (if known):	
Current Caregiver/Parent Details:			
Phone:			
Referrer Details:			
Name:			
Role/Organisation:			
Phone:	Fax:	e-mail:	
Does family/ care giver know of this referral? Yes/No			
Does the young person know of this referral? Yes/No			
GP Details:			

Reason for the/referral

Please describe any known mental health difficulties or symptoms (e.g. Depression/Anxiety/other):

Alcohol and drug related problems:

Other agencies involved (e.g. CYFs, Police, School, Counselling service) - Currently or in the past:

Safety concerns (e.g. risk to self or others),

Additional pointers or notes (e.g. Is family supportive of referral? Preferred contact method)

If you are unsure which service to refer to please use the flow chart and the service information sheet or alternatively send directly to CYMHS.

Community Youth Mental Health (CYMHS) Mental Health and Alcohol & Other Drugs Age Criteria : 13-18 year olds	PO Box 34009 Fendalton, Christchurch Phone 03 2817616 Fax 03 3592907 Email cymhservice@xtra.co.nz
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City Mission Alcohol & Other Drugs Age Criteria : 10-24 years	PO Box 1032 Phone 03 365 0635 Fax 03 366 7100 Email: cathy@citymission.org.nz
Waipuna Mental Health and Alcohol & Other Drugs Age Criteria : 13-18 year olds	PO Box 24-127 Eastgate, Christchurch Phone 386-2159 Fax 386-2158 Email: referralswaipuna@sjog.org.nz
Pacific Trust Mental Health and Alcohol & Other Drugs Age Criteria : 13-24 year olds	PO Box 13-285 Christchurch 8041 Ph: 03 366 3900 Fax: 03 366 0350 Email: info@pacifitrust.co.nz
Wellbeing North Canterbury Youth A&D Service Alcohol & Drug Age Criteria : 13-19 years old	PO Box 409 RANGIORA, 7440 Phone 03 310 6375 Fax 03 310 6376
Rural Canterbury PHO Mental Health and Alcohol & Drug Age Criteria: 13-18 year olds	PO Box 14021 Christchurch Airport 8544 Phone 0800 800 743 or (03) 357 4970 Fax (03) 357 4372 Email: rcpho_enquiries@rcpho.org.nz