



**Raukawa Whanau Ora Ltd**

Te Rau Hou O Raukawa. He iti nā Motai Tangata Rau

P.O. BOX 586  
3 Keepa Street, Levin  
Phone (06) 368 8678  
Fax (06) 368 8679

**Whānau Contact Details – Person Requiring Service/s**

First Name ..... Address .....

Surname ..... .....

Date of Birth ..... Age ..... Home Phone .....

Ethnicity ..... Work Phone .....

Iwi ..... Mobile Phone .....

Hapu ..... Caregiver/s Name .....

NHI# ..... Gender M / F Current Medical Centre .....

Number of Tamariki/Mokopuna ..... Email .....

Child/ren Date Of Birth .....

Age Range: 0-4years  5-10years  11-17years  18+

Referral Date ...../...../..... Referrer Name .....

Organisation .....

Referrer Contact Details ..... Phone or Fax number .....

Collective Services – Tick all that apply		
Hauora	Community Respiratory Nurse	<input type="checkbox"/>
	Cervical Screening	<input type="checkbox"/>
	Diabetes	<input type="checkbox"/>
	Child Car Seat Rental Scheme	<input type="checkbox"/>
	Whānau Tamariki Ora	<input type="checkbox"/>
	Alcohol and Other Drug Support	<input type="checkbox"/>
	Adult Mental Health Community Support	<input type="checkbox"/>
	Cancer Coordinator Support Service	<input type="checkbox"/>
	Mother and Pēpi Support	<input type="checkbox"/>
	Te Ohu Auahi Mutunga – Quit Smoking	<input type="checkbox"/>
	Child Adolescent & Family Support	<input type="checkbox"/>
	Mobile Nursing - Disease State Management	<input type="checkbox"/>
	Disability Support	<input type="checkbox"/>
	Day Activities – Programme	<input type="checkbox"/>
	Pēpi Pod	<input type="checkbox"/>
Podiatry	<input type="checkbox"/>	



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<b>He Hikinga Mānawa</b>	<b>Family Start</b>	<input type="checkbox"/>
	<b>Puna Kohungahunga – Playgroup (0-5yrs)</b>	<input type="checkbox"/>
	<b>Poipoia te Mokopuna</b>	<input type="checkbox"/>
	<b>Tikanga Ririki – Parenting Programme</b>	<input type="checkbox"/>
<b>Toiora Whānau</b>	<b>Counselling</b>	<input type="checkbox"/>
	<b>Social Workers in Schools (5-12yrs)</b>	<input type="checkbox"/>
	<b>Rangatahi Achievement Programme (16-18yr)</b>	<input type="checkbox"/>
	<b>People for a brighter Tomorrow – Non Violence (Male)</b>	<input type="checkbox"/>
	<b>Rongo A Whare – Domestic Violence (Female)</b>	<input type="checkbox"/>
	<b>Matua Programme – Hinekahu Fielding</b>	<input type="checkbox"/>
	<b>Whānau Ora Navigator</b>	<input type="checkbox"/>

<b>Reason for Referral</b>
<p><b>Action Requested:</b></p>
<p><b>Whānau aware of referral? Yes/No</b></p> <p><b>Is the client/whānau currently enrolled with Raukawa Whānau Ora Services? Yes/No</b></p> <p><b>If Yes, which services</b> .....</p> <p><b>Referral received by</b> ..... <b>Date</b> .....</p>