



Raukawa Whanau Ora Ltd

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

P.O. BOX 586
152 Bath Street, Levin
admin@rwo.nz
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
Caregiver/s Name Current Medical Centre
NHI# Gender M / F School (if applicable):

Child/ren Name/s
Child/ren Date of Birth/s.....
NHI

Referral Date/...../..... Referrer Name
Organisation Phone or Fax number
Referrer Email

Collective Services – Tick all that apply

Hauora	Long Term Conditions (Diabetes, Cardiac & Respiratory)	<input type="checkbox"/>
	Cervical Screening	<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"/>
	Disability Support	<input type="checkbox"/>
	Day Activities – Programme	<input type="checkbox"/>
	Pēpi Pod	<input type="checkbox"/>
	Disease State Management	<input type="checkbox"/>
	Kaiwhakapuaki Waiora/Health Coach	<input type="checkbox"/>



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He Hikinga Mānawa–Toiora Whānau	Family Start	<input type="checkbox"/>
	Puna Kohungahunga – Playgroup (0-5yrs)	<input type="checkbox"/>
	Poipoia te Mokopuna	<input type="checkbox"/>
	Social Workers in Schools (5-12yrs)	<input type="checkbox"/>
	People for a brighter Tomorrow – Non-Violence (Male)	<input type="checkbox"/>
	Rongo A Whare – Domestic Violence (Female)	<input type="checkbox"/>
	Whānau Ora Navigator	<input type="checkbox"/>
	Counselling – Diversion	<input type="checkbox"/>
	Counselling	<input type="checkbox"/>
	Youth Stop Violence Education Programme	<input type="checkbox"/>

Reason for Referral
<p>Action Requested:</p>
<p>Is the Client/Whānau aware of this referral? Yes/No</p> <p>Is the client/whānau currently enrolled with Raukawa Whānau Ora Services? Yes/No</p> <p>If Yes, which services</p> <p>Referral received by Date</p> <p>Next of Kin</p> <p>Please Send Referral To: admin@rwo.nz</p>