Referral Form   
Odyssey Adult Residential Services

Please forward the completed form to:

**Odyssey Community Services, Assessment & Admissions**

**Email:** admissioncentre@odyssey.org.nz

**Mail:** PO Box 56447 **In person:** 4/3029 Great North Road

Dominion Road New Lynn  
Auckland 1446 Auckland 0600

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Referral type** (please check relevant box) | | | | | | |
| I am making this referral myself |  |  |  |  |  |
| This is a service/whānau referral |  |  |  |  |  |

**Personal details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First name |  | Last name | |  | | |
| Ethnicity |  | Date of Birth | |  | | |
| Sex |  | Gender | |  | | |
| Phone Number |  | NHI | |  | | |
| Email |  | | | | | |
| Address  (If you are currently in a Corrections facility, please enter your last private address and provide details of the Corrections facility below) |  | | **Can Odyssey leave messages for you?** | | | |
| On your home phone? | | Yes |  |
| No |  |
| On your mobile? | | Yes |  |
| No |  |
| Via text message? | | Yes |  |
| No |  |

**Accommodation details**

**Are you currently working?**

|  |  |
| --- | --- |
| **Please check one only one:** | |
| Paid work 30 hours or more (per week) |  |
| Paid work less than 30 hours (per week) |  |
| Unemployed |  |

|  |  |
| --- | --- |
| **Please check one only one:** | |
| Living in own or rented accommodation |  |
| Living with whānau / friends |  |
| Residential care |  |
| Hospital / detox |  |
| Oranga Tamariki (e.g. foster care) |  |
| Prison (please private further details on the right) |  |
| Homeless |  |

|  |  |
| --- | --- |
| **If in prison:** | |
| Name of prison |  |
| Date entered prison |  |

**Referrer details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Agency |  |
| Telephone |  | Fax |  |
| Mobile |  | Email |  |
| Referrer Address |  | | |

**Referral information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Details of current alcohol, drug or gambling use | (Please describe how often, how much, and if you have any current withdrawal symptoms) | | | | | | |
| Have you recently experienced any of the follow types of risk? (please check all that apply) | | | | | | | |
| I am pregnant | |  | I have been harmed by someone else | | | |  |
| I have thought about hurting myself | |  | I have experienced recent trauma or bereavement | | | |  |
| I have thought about ending my life | |  | I have been violent or aggressive towards other people | | | |  |
| Have you recently experienced any mental health concerns? | | (e.g. low mood, stress, anxiety, hearing voices, hallucinations) | | | | | |
| Are you currently prescribed any medications? | | (if so, please list) | | | | | |
| Do you have any current medical or physical health concerns? | | (if so, please list) | | | | | |
| Are you enrolled with a GP? (If yes, please provide GP contact details below) | | Yes | |  | No |  | |
| Name | |  | | | | | |
| Address | |  | | | | | |
| Phone: | |  | | | | | |
| Fax | |  | | | | | |

**Family and other contacts**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Next of kin** (We will not contact your next of kin or emergency contact without your consent, unless we believe there is a risk of harm to yourself or others) | | | | | |
| Name |  | | | Relationship |  |
| Phone |  | | | Email |  |
| Address |  | | | | |
| Is this person also your emergency contact? | Yes |  |  | | |
| No |  |  | | |
| **If no, please list your emergency contact here** | | | | | |
| Name |  | | | Phone |  |
| May we contact this person if we cannot reach you? | Yes |  |  | | |
| No |  |
| Is there anyone in your family or whānau who might like to receive information about our services or other support we can provide for family and whanau? | (please provide their contact details here) | | | | |

**Legal information**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have a criminal conviction history? | | Yes |  | Do you have any active or pending charges? | | | | | Yes | |  |
| No |  | No | |  |
| Please provide details of active or pending charges below | | | | | | | | | | | |
| Charge |  | | | | | | | | | | |
| Court |  | | | | | | | | | | |
| Next Court date |  | | | | | | | | | | |
| **Please note:** We request a copy of every tangata whai ora's conviction history. If you have active charges we will also require a copy of these. You may request this information from your lawyer, corrections officer, probation officer, or the Ministry of Justice | | | | | | | | | | | |
| Can we request information from your lawyer on your behalf? | | | | | | Yes |  | | No |  | |
| Lawyer’s name |  | | | | | | | | | | |
| Phone: |  | | | | Mobile | | |  | | | |

**Consent**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I consent to this referral | Yes |  |  | No |  |  |
| I have spoken to the tangata whai ora about this referral | Yes |  |  | No |  |  |