

NGO Youth Mental Health and Alcohol & Other Drugs Services Christchurch Referral Form

Please send this form directly to an agency listed below or forward it to CYMHS to be forwarded to the appropriate agency

CLIENT DETAILS		
Name:		Date of Referral: __/__/__
Address:		NHI:
Contact Phone:		Date of Birth:
Ethnicity:	Iwi:	Gender: Preferred pronoun:
CURRENT CAREGIVER/PARENT DETAILS		
Names:		
Phone Numbers:		
REFERRER DETAILS		
Name:		
Role/Organisation:		
Phone:	Fax:	Email:
Does family/caregiver know of this referral?		YES/NO
Does the young person know of this referral and wanting support?		YES/NO
Referral for young people under 16 must have consent of parent or guardian		
GP DETAILS		
Name, Clinic and Phone:		
Reason for referral:		
Please describe any known mental health difficulties or symptoms (e.g. Depression/Anxiety/other):		

Alcohol and drug related problems:	
Other current or past agencies involved (e.g. Oranga Tamariki, Police, School, Counselling service):	
Safety concerns (e.g. risk to self or others):	
Additional pointers/notes (e.g. is the family supportive of this referral? Preferred contact method):	
If unsure which service to refer to, use the flow chart and the service information sheet or send directly to CYMHS	
Community Youth Mental Health Service (CYMHS) Mental Health and Alcohol & Other Drugs Age Criteria: 13-18 years	PO Box 34-009 Fendalton, Christchurch Phone 03 281 7616 Fax 03 358 2907 Email: cymhs@odysseychch.org.nz
City Mission Alcohol & Other Drugs Age Criteria: 13-23 years	PO Box 1032 Christchurch Phone 03 365 0635 Fax 03 366 7100 Email: Jan@citymission.org.nz
Waipuna (St John of God) Mental Health and Alcohol & Other Drugs Age Criteria: 10-25 years	PO Box 24-127 Eastgate, Christchurch Phone 03 386 2159 Fax 03 386 2158
Wellbeing North Canterbury Youth A&D Service Alcohol & Drug Age Criteria: 13-19 years	PO Box 409 Rangiora 7440 Phone 03 310 6375 Fax 03 310 6376 Email: ydaservice1@wellbeingnc.org.nz
Waitaha Primary Health Mental Health and Alcohol & Drug Age Criteria: 13-18 years	PO Box 14-021 Christchurch Airport 8544 Phone 0800 800 743 or 03 357 4970 Fax 357 4372 Email: enquiries@waitaha.health.nz