



Please circle the NET section you are referring to → **MAORI** **PACIFIC** **PAKEHA**

NET will assess families for service allocation, however it would be useful to us if you would tick the services you feel are appropriate.

<input type="checkbox"/> NET Early Intervention	<input type="checkbox"/> Family Start (includes a PAFT component)	<input type="checkbox"/> Engaging Priority Families
<input type="checkbox"/> Support Group (Maori & Pacific sections only)	<input type="checkbox"/> NET and PAFT	<input type="checkbox"/> Parents As First Teachers (PAFT)
		<input type="checkbox"/> Supported Playgroup

Referral Date _____ Has parent been informed of referral? YES NO

Parent's name _____ Phone no. _____ Mobile _____

Address _____

PARENT'S DETAILS		Cultural Heritage	
Age	DOB	Iwi / Hapū	NHI number

BABY'S DETAILS		Cultural Heritage	
Date due	OR DOB	Name	NHI Number
GP/Primary Care Service		Iwi/Hapu	

KNOWN MEDICAL CONDITIONS eg Asthma, Diabetes etc. _____

SAFETY ISSUES eg Dogs/Other _____

OTHER SERVICES WORKING WITH THIS WHANAU/CLIENT? _____

Referrer's name and contact details _____

Reasons for referring – please tick all that apply

<input type="checkbox"/> No, minimal or late ante-natal care <input type="checkbox"/> CYF involvement – past or current <input type="checkbox"/> Existing parenting problems - has had significant problems caring for other child or children. These may be self-reported, observed, indicated by the presence of another agency especially statutory child welfare agencies Significant personal problems <input type="checkbox"/> Relationship problems <input type="checkbox"/> Alcohol, drug, substance abuse - caregiver or partner <input type="checkbox"/> Current (or history of) mental health problems for either parent, including depression or PND <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Other _____ <input type="checkbox"/> Significant existing or potential bonding or parenting problems - observed or reported during first few weeks after baby's birth - this might include lack of information about parenting, severe lack of confidence, baby disabled or chronically ill, negative experience at birth, or separations from infant after birth <input type="checkbox"/> Teenage mother (under 20) <input type="checkbox"/> Unsupported parent or inadequate support , without partner or other significant family/aiga support <input type="checkbox"/> Social isolation - few networks or friends, little community support <input type="checkbox"/> Family violence - known abuse of another child, parents abused themselves as child, or partner violence	Major social stresses <input type="checkbox"/> Poverty <input type="checkbox"/> Unemployed partner <input type="checkbox"/> Lack of essential resources such as power, phone, transport, unsuitable or insecure housing <input type="checkbox"/> Housing problems—unsuitable or insecure housing <input type="checkbox"/> Frequent relocation of residence—moved more than twice in last 12 months <input type="checkbox"/> Other _____ <input type="checkbox"/> First baby born in New Zealand - the parents may have limited ability to communicate in English and have limited knowledge of social services and other resources <input type="checkbox"/> Abortion or adoption considered during pregnancy <input type="checkbox"/> Low maternal educational level SIDS factors —one or more of the following factors apply <input type="checkbox"/> Mother smoked while pregnant <input type="checkbox"/> Baby not breastfed or only breastfed for a short time <input type="checkbox"/> Mother experienced difficulty in establishing successful breastfeeding <input type="checkbox"/> Low birth-weight—less than 2500g <input type="checkbox"/> Premature—less than 33 weeks gestation <input type="checkbox"/> Other reasons _____ _____ _____
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KEY issues prompting referral:**How soon is intervention required?**

Referrals can be made by any agency or health care provider. Family and friends can refer and we accept self referrals. If someone is not eligible for our services we will endeavour to notify them of other suitable agencies. Please fax, email, or mail to the appropriate section. Referrals can also be received by phone.

OFFICE USE:

Date Received	Date Ref Receipt Sent _____ or <input type="checkbox"/> N/A
Date Allocated	Date Ref Update Sent _____ or <input type="checkbox"/> N/A
	Date Unsuccessful Ref Letter Sent _____ or <input type="checkbox"/> N/A
Reason Unsuccessful _____	

CONTACT ATTEMPTS

DATE	TIME	DESCRIPTION (Phone, letter, cold call etc)	INITIAL

Maori Section	Pacific Section	Pakeha Section
Kokiri Marae Health Services 7-9 Barnes St. Seaview, Lower Hutt	PO Box 35173 Naenae, Lower Hutt 25 Peterkin St, Wingate, Lower Hutt	PO Box 35173 Naenae, Lower Hutt 25 Peterkin St, Wingate, Lower Hutt
Ph: 04 9392232 or 04 9394630 Fax: 04 9394640	Ph: 04 9399257 Fax: 04 9399258	Ph: 04 9399257 Fax: 04 9399258
netmaori@kokiri-hauora.org.nz	net.pacific@net-inc.org.nz	net.pakeha@net-inc.org.nz

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