

For office use only		Contact date:	
Excel			
Zoho			

Referral form for Hearts & Minds

Referral Date	
Practice	Name
	Doctor
	Phone
Client	Name
	Address
	Phone
	Date of Birth (must be 18 or over)
	Email

Mild to moderate Mental Health issues - **FREE Groups with Doctor's Referral**

Reasons for Referral (please indicate clearly):

- | | | | |
|--------------|--------------------------|----------------------------------|--------------------------|
| * Anxiety | <input type="checkbox"/> | * Stress | <input type="checkbox"/> |
| * Depression | <input type="checkbox"/> | * Confidence/Self-Esteem | <input type="checkbox"/> |
| * Anger | <input type="checkbox"/> | * Deeply distressed (Grief/Loss) | <input type="checkbox"/> |

Please comment on suitability for group setting:

IMPORTANT: Referral cannot be processed without the information underlined below
Please give an outline if there has been suicidality/psychosis/self-harm/violence in the last 6 Months
If there has been none of the above in the past 6 months please state this.

Other relevant information:

Please state if 1:1 support is in place/vulnerabilities/protective factors / formal diagnosis

Client has given their consent for this referral

RETURN COMPLETED FORM TO:

learning@heartsandminds.org.nz or FAX: 09 441 8988

For further information phone: 09 441 8989