



**Alcohol and Other Drugs Service**

*Ngā Tekau o Te Upoko o Te Ika*

Phone: 04 473 2502 | Freephone: 0508 445 645  
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Hikoikoi, 24D Marine Parade, Petone  
PO Box 39294, Lower Hutt 5045

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**REFERRAL TO KAUPAPA MĀORI ALCOHOL AND DRUG HEALTH SERVICE**

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**DATE:**

**NAME:**

**ADDRESS:**

**PHONE:**

**EMAIL:**

**ETHNICITY:**

**GENDER:**

**IWI/HAPŪ:**

**DOB:**

**NHI NUMBER:**

**DEPENDENTS:**

**SUPPORT PERSON/S:**

**GOALS AGREED TO BY CLIENT FOR REFERRAL:**

- Complete any program on offer
- Be safe when around alcohol and other drugs

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**ANY PREVIOUS ALCOHOL AND/OR DRUG TREATMENT?**

- If yes, when?
- And where?

**REFERRED BY:**

**ORGANISATION:**

**PHONE NUMBER:**

**ADDRESS:**

**REFERRERS ROLE:**

**LEVEL OF CONTACT:**

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**REFERRAL TO KAUPAPA MĀORI ALCOHOL AND DRUG HEALTH SERVICE continued.....**

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**MEDICAL / MENTAL HEALTH HISTORY:**

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**CURRENT MEDICATION AND DIAGNOSIS:**

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- 

**ADDICTION ISSUES:**

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**HOW LONG HAS USE BEEN PROBLEMATIC:**

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**ANY OTHER PROFESSIONALS / AGENCIES CURRENTLY INVOLVED:**

**OTHER RELEVANT INFORMATION:**

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**CLIENT TO COMPLETE:**                      Client consent for information sharing.

I \_\_\_\_\_ hereby consent to the above information being made available to  
Ngā Tekau Alcohol and Other Drugs Service.

**SIGNED:**

**DATED:**

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