REFERRAL FORM

Did you know you can refer through our website? Visit **www.manaakiora.org.nz**



TIPU ORA CONTACT DETAILS

Email: referralhub@manaakiora.org.nz

Free phone: 0800 348 2400

Fax: 07 348 2403 EDI: Tipu9ora

Fax: 07 348 1783

TE UTUHINA CONTACT DETAILS

Email: tu_admin@manaakiora.org.nz

Phone: 07 348 3598

Date: dd / mm / yyyy Has the client consented to this referral? ☐ YES / ☐ NO

Whaiora Client details (adult client or primary caregiver of a child client)				
Full name:	Address:			
Preferred name:	Suburb:			
DOB: NHI:	City:			
Gender:	Home phone:			
Ethnicity:	Mobile phone:			
lwi:				
Hapū:				
Email:	Medical Centre:			
Are you hapū / pregnant:	Due date / Midwife:			
Is language or literacy support needed?	Preferred language:			
Tamaiti Child details	(if applicable)			
Full name:	Gender:			
DOB: NHI:	Ethnicity:			
Next of Kin / Alterna				
Name:	Relationship:			
Phone:	Phone:			
Immediate needs (please tell us about what you need support with)				









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He Oranga mai i te whitinga ki te tonga o te rā

Wellbeing for all people of all ages

Please select what services you require or contact us for more information

☐ Well Child Tamariki Ora (Tipu Ora)	☐ Family Start (Tipu Ora)			
Health assessments and support for children and their whānau at varying stages between birth and 5 years.	Home visiting programme focussed on achieving positive outcomes for children by strengthening the whānau and			
Kia Puawai Maternal & Child Health Service	looking at new ways to manage difficulties.			
(Tipu Ora)	☐ Pregnant or			
Support to find a midwife and connect with health and social	child under 1			
services appropriate to your needs.	experiencing difficulties			
Pregnant mothers and/or children under 5 yearsResiding in Western Heights and surrounding suburbs				
	☐ Youth Services NEET (Tipu Ora)			
Startwell Mother craft/hands on practical support to care for baby				
First time mother, parents, pregnancy or baby under 1 year	Support for young people to engage in education, training and work-based learning, develop skills and overcome challenges.			
Community Perinatal Mental Health Service	☐ 16 – 17 years			
(Tipu Ora) Support for pregnant and post-partum mothers who	□ Not engaged in education, employment or training			
experience, or who are at risk of experiencing mental wellbeing	Youth Service YP / YPP All Young Parent Payment and Youth Payment referrals are			
challenges.	processed through MyMSD.			
☐ Pregnant or ☐ child under 1 ☐ mental wellbeing challenges	,			
☐ Smokefree Support Service (Tipu Ora)	☐ Teenage Parent Service (Tipu Ora)			
Incentivised face-to-face programme to become smokefree	Wrap around health and social support for teenage parents.			
and access to stop smoking medicines.	☐ Pregnant or parent under 20 years			
☐ Community Alcohol & Other Drug Services	☐ Elder Abuse Response Service (Tipu Ora)			
(Te Utuhina)	Response service for older people experiencing or at risk of			
Free counselling, information and support for anyone affected	experiencing abuse and neglect. THIS SERVICE IS NOT IN			
by alcohol or other drugs.	ROTORUA.			
Adult over 20 years	Over 65 years			
☐ Rangatahi aged 12 – 24 years ☐ Whānau/significant others	☐ Resides in Taupō/Turangi			
Preparation and referral to residential rehabilitation	Resides in Western Bay of Plenty			
	Resides in Eastern Bay of Plenty			
Referrer details (not applicable for self-referrals) Please complete all fields. Your referral will be acknowledged via email				
Full name: Organisation:				
Full name:	Organisation:			

Your request for support will be processed by our team within 24 hours and we aim to make contact with you between 1 – 3 days. If your contact details change or you would like to speak with us earlier, please get in contact with us.









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