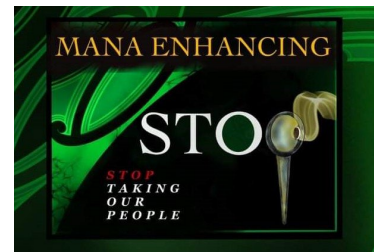


The Mana Enhancing Stop Referral Form

Please email to: kevin.h@manaenhancingstop.co.nz



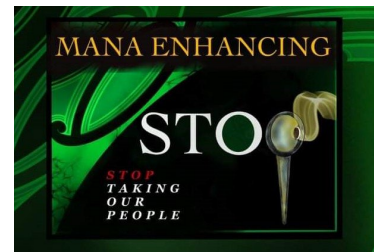
Referrer Information			
Agency		Name	
Phone		Email	
Referral Date			

Tangata Whaiora Information			
Given Names		Surname	
Date of Birth		NHI	
Gang Affiliation		Methamphetamine user	
Cell phone		Home Phone	
Address		Ethnicity	

Current situation
Current substance use & patterns
Historic substance use & patterns
Current/Historical Mental Health
Current Medications

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Other agencies currently involved in tangata whaiora care – i.e. mental health, GP
Current legal status – include offences, sentence, currently in prison etc
Summary of previous offences

Tangata Whaiora - Consent	YES	NO
Does the tangata whaiora consent for the Mana Enhancing kaimahi to make contact by phone?		
Has the tangata whaiora consented to referral?		