|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Wāhitau īmēra:** referral@tearawawhanauora ora.org.nz | | | | | | **Tau waea:** 0800 004 554 | | | | | |
| **Wāhi mahi tahi:** Level 1, 1231 Haupapa Street, Rotorua | | | | | | **Wāhi mahi rua:** Ground floor, 1281 Haupapa Street | | | | | |
|  | | | | | | | | | | | |
| **Date:** | dd / mm / yyyy | | | **Has the whānau consented to this referral?** | | | | | ❒ YES | | ❒ NO |
|  | | | | | | | | | | | |
| **Whānau Details** | | | | | | | | | | | |
| **Full name:** | |  | | | | | **Preferred Name:** | |  | | |
| **Address:** | |  | | | | | **Suburb / Town:** | |  | | |
| **D.O.B:** | |  | **NHI:** | |  | | **Gender:** | |  | | |
| **Phone 1:** | |  | | | | | **Phone 2:** | |  | | |
| **Ethnicity:** | |  | **Iwi:** | |  | | **Hapū** |  | **Marae:** |  | |
| **What is the reason for your referral?** | | | | |  | | | | | | |