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| **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?** |  |