



## Referral Form

Date: \_\_\_\_\_ NHI: \_\_\_\_\_ (leave blank if unsure)

Client name: \_\_\_\_\_  
First Middle Last

Parent name: \_\_\_\_\_  
(If client is under 18) First Middle Last

Ethnicity: \_\_\_\_\_ NZ Resident/Citizen? Yes  No

Preferred Gender: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship status: \_\_\_\_\_

Home address: \_\_\_\_\_

Postal address (if different from above): \_\_\_\_\_

Best methods to contact you: \_\_\_\_\_ Can we contact you by this method?

Phone: \_\_\_\_\_ Yes  No

\_\_\_\_\_ Yes  No

Email: \_\_\_\_\_ Yes  No

Can we leave you voicemails? Yes  No

Can we text you? Yes  No

Emergency contact (name and phone): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Family Doctor or Medical Practice: \_\_\_\_\_

Can we let your Doctor or Medical Practice know that you are being seen here? Yes  No

Who referred you to TPC (can be self)? \_\_\_\_\_

*Thank you for providing this information about yourself and your family as part of a referral. It will help our team to determine how best to proceed with your request for services at our centre. It is possible someone may call you to clarify some of the information.*

Optional - please briefly describe why you've come to see a psychologist today: