

Village Collective Clinic – Referring Family member or Friend.

Referrer Information

Name	
Relationship to client	
Phone Number	
Email Address	

Client Information (details of person receiving services)

Full Name	
Date of Birth	
NHI Number (if known)	
Gender	
Trans / Non-Binary / Another Gender	Yes / No / Not Sure
Ethnicity / Cultural Identity	
Preferred Language	
Interpreter Required?	
Address	
Phone Number	
Email Address (if any)	
Preferred Contact Method	Phone or Email Address
Is it safe to contact client directly?	
Emergency Contact (Name & Number & Relationship to Client)	
GP / Primary Healthcare Provider	

Reason for Referral

- ☐ General Health Check-Up
- ☐ Sexual Health Check-Up
- ☐ Psychologist / Talanoa Session
- ☐ Pacific Rainbow+ Youth Skills Group
- ☐ Other (please specify): _____

Additional details (symptoms, concerns, or context):

Service Specifics

Urgency of Referral	<input type="checkbox"/> Routine <input type="checkbox"/> Within 1 week <input type="checkbox"/> Immediate
Services Requested	<input type="checkbox"/> STI Checks <input type="checkbox"/> Contraception Advice <input type="checkbox"/> Counselling / Psychologist Session <input type="checkbox"/> Health Checks <input type="checkbox"/> Wellbeing Support <input type="checkbox"/> Pacific Rainbow+ Youth Skills Group (Sei Lelei) <input type="checkbox"/> Other: _____
Has the client previously engaged with Village Collective?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
How did you hear about us?	*Dropdown Menu* - Family/Friends - Social Media - Social Media Influencer - Online Advertising - Social Worker or Youth Worker - Mental Health Professional - Doctor / GP - Community Event / Outreach - Physical Advertisement - Other

Consent & Privacy

☐ I understand this information will be kept confidential and used only for the purpose of referral.

Client Signature (if applicable): _____	Date: ____/____/____
Referrer Signature (if applicable): _____	Date: ____/____/____

Email complete form to clinic@villagecollective.nz

For Clinic Use Only (*internal section*)

Date Received: _____

Received By: _____

Action Taken/Notes: _____

Appointment Date: _____