

Village Collective Clinic – Referring Myself

Client Information

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	
Is it safe to contact client directly?	
Emergency Contact (Name & Number)	
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:** ____ / ____ / ____

Email complete form to clinic@villagecollective.nz

For Clinic Use Only (*internal section*)

Date Received: _____

Received By: _____

Action Taken/Notes: _____

Appointment Date: _____