

For office use only		Contact date:	
Excel			
Zoho			

Referral form for Hearts & Minds

Referral Date	
Practice Name	
Doctor/Professional	
Phone	
Email	
Client Name	
Address	
Phone	
Date of Birth (must be 18 or over)	
Email	

Mild to moderate Mental Health issues - **FREE Groups with Doctor's Referral**

Reasons for Referral (please indicate clearly):

- | | | | |
|--------------|--------------------------|----------------------------------|--------------------------|
| * Anxiety | <input type="checkbox"/> | * Stress | <input type="checkbox"/> |
| * Depression | <input type="checkbox"/> | * Confidence/Self-Esteem | <input type="checkbox"/> |
| * Anger | <input type="checkbox"/> | * Deeply distressed (Grief/Loss) | <input type="checkbox"/> |

Please comment on:

1. CURRENT Mental Health status (suitability for group)
2. HISTORIC concerns (last 3 months) - suicidal/self-harm/psychosis/violence
3. ANY FORMAL DIAGNOSES

IMPORTANT: Referral cannot be processed without the above information given

Other relevant information - i.e., support network/vulnerabilities

Client has given their consent for this referral

RETURN COMPLETED FORM TO:

learning@heartsandminds.org.nz or FAX: 09 441 8988

For further information phone: 09 441 8989