



# Christchurch Resettlement Services

\*\*\*PLEASE COMPLETE EACH FIELD\*\*\*

## Referrals

DATE: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_ (Male / female)

Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

DOB: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Is an interpreter needed? Yes / No

Language Spoken: \_\_\_\_\_  
\_\_\_\_\_

G.P. \_\_\_\_\_

Referred by: \_\_\_\_\_

Service: \_\_\_\_\_

Postal address: \_\_\_\_\_

Phone no: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Time in NZ : \_\_\_\_\_

<b>Office use only</b>	
Engagement ID:	_____
Status:	_____
NHI:	_____
WL Letter:	_____
Date allocated:	_____
S/Worker:	_____
Appt. Letter:	_____
1st Contact:	_____
Closed:	_____

1. Reason  
for referral: \_\_\_\_\_  
\_\_\_\_\_

2. Additional  
information: \_\_\_\_\_  
\_\_\_\_\_

3. Referrers/Client  
expectation: \_\_\_\_\_  
\_\_\_\_\_

4. Risk: \_\_\_\_\_

5. Client Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Has the client been to CRS before?..... No / Yes .... when?

Please circle..... Urgent / Non-urgent

Please send this referral to: Senior Social Worker  
Christchurch Resettlement Services Inc  
PO Box 9062, Tower Junction, Christchurch 8149

*Client consent for referral  
(please circle) YES / NO*