

Referral Form



Send to: Dr Miriam Larsen-Barr, Clinical Psychologist

Email: engageaotearoa@gmail.com

Note: All information shared on this form is private and confidential, in line with the Psychology Code of Ethics, the Code of Health and Disability Services Consumers' Rights, and The Privacy Act. The only exception to this is in circumstances of imminent risk of harm, where steps must be taken to ensure someone's safety.

Details

This information helps me make contact with you.

Full name:

Preferred name:

Address:

Email address:

Mobile ph:

Home ph:

Date of birth:

Age:

Ethnicity:

Iwi/hapu:

Gender:

Parent or guardian details are needed if this is a child or youth referral

Name:

Name:

Relationship:

Relationship:

Address:

Address:

Home ph:

Home ph:

Mobile ph:

Mobile ph:

Email address:

Email address:

Who would you like me to contact first:

Reason for referral

Please give a brief description of the troubles you are facing and how they are affecting you. You don't need to share a lot of information at this stage, just enough to let me know the nature of your enquiry.

Preferred options

It helps to know what kind of support you are seeking. It's okay if you don't know yet too.

What would you like to get out of the assessment and therapy process?

Is there a particular approach or style that you are interested in?

Referrer details

Complete this section if you are sending this referral on behalf of someone else.

Referrer's name:

Relationship to the person:

Email:

Phone:

Postal address:

Has this person/family consented to this referral? Yes / No

Please seek the consent of the person being referred.

What happens next?

When I receive your referral, I will get in touch with you to discuss your needs and arrange a first appointment.