

CHILD/ADOLESCENT (TAMARIKI/RANGATAHI) REFERRAL

0-19 YEARS OF AGE

Full name		Other names known by			
Date of birth		NHI			
Gender		Referral date			
Address		Preferred method of contact	Phone	Email	Text
Home phone number/Email		Cell phone number			
Ethnicity		Iwi/Hapu			
Town and country of birth		Residency status			
Next of Kin		Contact details			
Caregiver's		Contact details			
Legal Guardians		Contact details			
GP (Doctor) name		Contact details			
Referrer		Organization			
Contact details		Relationship to referred			

Any CURRENT concerns diet/weight loss/mood/Sleep:

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Developmental questionnaire – please expand underneath y/n as required

Any Pre-natal difficulties? y/n

Born prematurely or at term?

Any Maternal smoking, vaping and/or substance use during pregnancy (including alcohol)? y/n

Any Pregnancy complications? y/n

- Low birth weight? y/n
- Anoxia at birth \ oxygen deprivation ('blue baby')? y/n
- Please describe any sleep issues, fussy eater, difficulties adapting to change, difficulties nursing/ feeding, irritability, hard to keep on schedule, higher degree crying, fussiness/ irritability, accident prone, speech and language difficulties, excessively active.
- Early trauma (e.g. physical, sexual / emotional abuse)? y/n

Medical History

- Does the child have any medical diagnoses?
- Is the child currently taking any medication?
- Head injury involving loss of consciousness? y/n

Family Background

- Do any family members have diagnosed or suspected ADHD? y/n
- Do any family members have other concerns (e.g. Autism Spectrum Disorder, Intellectual impairment)?
- Do any family members have a specific learning difficulty (e.g. dyslexia /dyspraxia)?
- Do any family members have a history of a mental health concerns?
- Relationship difficulties – between parents and\or significant others other family?

Parent/caregiver to complete

For each item, check the column which best describes this child/adolescent at this time :

		Not at all	Just a little	Quite a bit	Very much
1	Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
2	Often has difficulty sustaining attention in tasks or play activities				
3	Often does not seem to listen when spoken to directly				
4	Often does not follow through on instructions and fails to finish schoolwork, chores, or duties				
5	Often has difficulty organising tasks and activities				
6	Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
7	Often loses things necessary for activities (e.g., toys, school assignments, pencils, or books)				
8	Often is distracted by extraneous stimuli				
9	Often is forgetful in daily activities				
10	Often has difficulty maintaining alertness, orienting to requests, or executing directions				
11	Often fidgets with hands or squirms in seat				
12	Often leaves seat in classroom or in other situations where remaining seated is expected				
13	Often runs about or climbs excessively in situations in which it is inappropriate				
14	Often has difficulty playing or engaging in leisure activities quietly				
15	Often is "on the go" or often acts as if "driven by a motor"				
16	Often talks excessively				
17	Often blurts out answers before questions have been completed				
18	Often has difficulty awaiting turn				
19	Often loses temper				

20	Often argues with adults				
21	Often actively defies or refuses adult requests or rules				
22	Often deliberately does things that annoy other people				
23	Often blames others for his or her mistakes or misbehaviour				
24	Often is touchy or easily annoyed by others				
25	Often is angry and resentful				
26	Often is spiteful or vindictive				

Additional information you would like us to be aware of

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Name:

Signature:

Date:

Please return the completed form to:

Email referrals@ngaaringaawhina.org.nz

Fax **07 839 5147**

Address **195 Collingwood Street, Hamilton (Office hours Mon-Fri 8:30am – 4:30pm)**

If you require any assistance or if any urgent risk is apparent please call 0800 999 903