Introduction to Wellness Support Team

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| \***Person’s Name** |  | | | | | |
| \***Date of Birth** |  | \***NHI** | |  | **Gender** |  |
| \***Current Address** |  | | | | \***Phone** |  |
| **Referrer Name** | | **Date of Introduction** | | | **Email/Phone** | |
| **Current GP** | | **Email/Phone** | | | | |
| “I’ve had worries with my mental wellness before; I’m not doing so well at the moment and would appreciate a bit of help”  “There’s an issue which is a stressful, or is getting me down. I’d like help staying well while I work on that challenge”  “I’ve got a challenge with WINZ, HNZ or another agency. I’d like someone to work with me on it”  “I’m not doing that great with my day to day living and I’d like to learn how to keep myself well”  *These are just examples - we may be able to work with you on other things that are affecting, or could affect your wellbeing*  **What would you like help with?** | | | | | | |
| Does this person communicate well in English? Yes □ No□ If “no”, what is their main language? | | | | | | |
| Has the person agreed to this introduction?  Yes □ No □ | | | How will the first meeting be arranged?  The person will call the team □  The team should call the person □ | | | |
| Has this person agreed to the team seeing information that will help them provide safe and effective support, and that they have rights regarding information recording sharing?  Yes □ No □ | | |