



# Earthlink Incorporated

## Referral Form

**ALL PARTS OF THIS FORM MUST BE COMPLETED BEFORE RETURNING TO Earthlink.Inc**

Referring Agency details

Date...../...../.....

Name of Agency.....

Contact Person..... Phone..... Mobile.....

Email address.....

**Clients details: PLEASE STATE FULL NAMES AS THEY APPEAR ON LEGAL DOCUMENTS INCLUDING MIDDLE NAMES AND ALIAS NAMES IF APPLICABLE**

Name.....

D.O.B...../...../.....

Address.....

Phone.....

Email.....

Mobile.....

Gender.....

Pronouns.....

Ethnicity.....

Iwi.....

Mental Health Issue (Illness/Addiction)

.....

WINZ number.....

Emergency Contact, Name.....

Relationship to you.....

Emergency Contact Phone.....

I agree that my information as shown above is true and correct

Clients Signature.....

Date...../...../.....

**Please bring this form to your first appointment or scan and email it to: [alison@earthlink.org.nz](mailto:alison@earthlink.org.nz)**

Clients signature must be completed on this referral to comply with the Privacy Act 2020.

*Office Use Only*

Date of receipt...../...../.....

NHI.....

Referral status. Accepted/Declined. Name:.....

Signature.....

Designation.....

