



Referral form – Lakes

Please send completed form to one of the following:

Email: lakes@linkage.co.nz

Referral date: _____

Fax: 07 348 2955

Client name:		Contact number(s):
Client address:		
Client email:		
Date of birth:	Gender:	NHI: <i>(if known)</i>
Referrer name: <i>(if not self-referral)</i>		Referrer contact details:

Please assist to connect with appropriate services and agencies for the following challenges:

Any relevant background:

Feedback required?

- The person will give me feedback directly
 I request feedback from Linkage, regarding the outcomes of this referral

Preferred method of contact: Phone Email Letter

Signature of referrer: _____

Staff use only

Referral received:

Entered into Recordbase:

Version: February 2015

Linkage Limited | Part of the Wise Group

0800 437 348 / 07 346 3507

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