

# Bay of Plenty Sexual Assault Support Service

For appointments: 07 5770512 Fax: 07 5770520

After Hours or Urgent Medical/Forensics (24/7): 027 470 7233 or 0800 2BSAFE (0800 227 233)



## REFERRAL FORM - *(Please ensure one form per individual)*

<b>Name of Client:</b>		
<b>DOB:</b>	<b>Age:</b>	<b>NHI (if known):</b>
<b>Gender:</b>	<b>Ethnicity:</b>	
<b>Client Address:</b>		
<b>Date of Referral:</b>		
<b>Name of Referrer/Service:</b>		
<b>Appointment details to go to</b> <i>(If you want the appointment details to be given to someone else please indicate here):</i>		
<b>Home phone number:</b>		
<b>Cell phone number:</b>		
<b>Email:</b>		
<b>Parents names:</b>		
<b>Current caregivers names:</b>		
<b>CYFS contact (name, phone number, email address):</b>		
<b>Police contact (name and contact details):</b>		
<b>GP name and address:</b>		
<b>Person accompanying child to appointment:</b>		
<b>Nature of concern: (please attach brief extract from EVI if appropriate)</b>		
<b>Medical/Social History</b>		
<b>OFFICE USE ONLY</b>		
<b>Urgency of Medical Exam: F/NF</b>		

Email this form to: [refer@bopsass.co.nz](mailto:refer@bopsass.co.nz) or phone one of the above numbers.

An appointment will be made and the details emailed and/or phoned through to the listed contact for appointments.

