

Request for Services - Self Referral for Therapy

Before submitting this self-referral, please read below to help connect with the right services quickly.

1. It costs \$185 for an assessment and each therapy session with a psychologist or \$75 with a training psychotherapist or counsellor. Our clinical services are not automatically government funded. Please note we have a 'Did Not Attend' Policy to help reduce missed appointments and keep our services available to others. Visit [Funding and treatment costs | Anxiety NZ](#) for information.
2. Funding may apply through Studylink or Work and Income. These funding options are for low-income earners, students, or children at up to \$75.10 a week towards the cost of therapy.

To get the WINZ Disability Allowance funding, the client (caregiver or agent) needs to complete a form that our psychologist and (your/our) GP also signs. The completed form needs to be uploaded or given to WINZ directly and the weekly funding given to you is used to pay for therapy at Anxiety NZ. Unfortunately, Anxiety NZ can't apply to WINZ on behalf of the client. We can assist with providing the WINZ forms, signing the counselling certificate, and explaining the process.

If funding is needed, please check if eligible before referring. For information visit: [Funding and treatment costs | Anxiety NZ](#)). Private or travel insurance may also apply.

3. *Anxiety NZ offers several services:*

- ✓ Our 5 [Peer support groups | Anxiety NZ](#) in Tāmaki Makaurau / Auckland are free to join (referral is needed, aged 18+, living in Akl and eligible for public health services – you can let us know below).
 - ✓ Our 24/7 national 0800 Anxiety Helpline (0800 269 4389) is free to call.
 - ✓ Visit our website for free [Resources | Anxiety NZ](#)
 - ✓ Join our free eNewsletter for updates and advice [Sign up to our newsletter | Anxiety NZ](#)
4. Anxiety NZ may not be able to provide therapy or peer support services to all people. This is based on our resources at any time, or the space available, and the support we offer. We are not a crisis service, which means we are not the right place for support while people are currently in crisis or experiencing high risk. We encourage people in crisis to visit [I Need Help Now | Mental Health Foundation](#)
 5. You can read [our Privacy Policy here](#). If you keep a copy of this referral, please consider how you keep your personal information shared in it protected and respected, or securely deleted/destroyed. A health professional referral can be arranged instead or in addition.
 6. Due to high numbers of referrals and limited resources, if we are not able to engage with you (or your choice of advocate) after two follow-ups and no contact, we will close the referral.

As the person completing this referral, by ticking the box I confirm:

I have read and understand the above ☐
I consent to this referral being made to Anxiety NZ: ☐

Mental health support, treatment, and education for a resilient and thriving Aotearoa.

T: 09 846 9776 | W: anxiety.org.nz | Free 24/7 **0800 ANXIETY helpline** (0800 269 4389)

| 77 Morningside Drive, Mt Albert, Auckland 1025 |

For mental health resources and information visit [Anxiety NZ - Welcome! Nau mai, haere mai! | Anxiety NZ](#)

Today's date: _____

Full name:	
Date of birth and age:	
Address:	
Gender:	
Pronouns: <i>e.g. he/him, she/her, them/they..</i>	
Ethnicity/s:	
Cell phone:	
Email:	
What are the best times to contact you to discuss your referral?	
Is there anything else that is helpful to know about contacting you to discuss your referral?	
Are you eligible for publicly funded health services (e.g. a NZ citizen or resident)? Getting publicly funded health services New Zealand Government (www.govt.nz)	
Are there cultural needs or preferences you would like to share?	

- Have you previously engaged with mental health or psychological services: Yes / No
If yes, please give details including when.

- Do you have a mental health diagnosis? Yes / No

If yes, please state diagnosis, including when and who made the diagnosis.

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- What issues are you currently experiencing that you would like support with?
Please give brief details about what is going on and the help you want from us.

- How long has your current situation been happening?

- Have you experienced difficulties like this, or other significant periods of stress or mental health challenges previously in your life?"

- Are you currently taking medications? (Mental health related only) Yes / No
If yes, please state what medications you are taking and how often.

- Do you feel you are currently at risk of harm? (From yourself or others)

- Have you previously self-harmed? Yes / No
If yes, please give details including when.

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- Do you have support?

If yes, please give details of your mental health and wellbeing support.

- Are you using Alcohol or Other Drugs to cope?

If yes, please give details.

Which service/s of Anxiety NZ are you interested in? (Please tick all that apply)

- ☐ Assessment and therapy with a psychologist
- ☐ Peer Support Group for aged 18+ and living in Auckland and eligible for NZ funded Health services.
- ☐ Mental Health GP - we offer therapy supported by psychiatric assessment and medication monitoring (please note we have limited Mental Health GP hours and these are reserved for people engaging in therapy with a psychologist with us)

Please tell us a bit more about what you are looking for:

- Do you have preferred days and times for appointments?
- Do you want in-person appointments (Auckland only), online appointments (national) or both?
- Is there anything else you'd like us to know?
- Will another referral from your GP, Counsellor, Mental health worker be sent through?

Please email your completed form to: reception@anxiety.org.nz

Thank you and we will be in touch shortly.

Ngā mihi nui,
Anxiety New Zealand Trust.