# Family / Whānau Referral Form

**Steps:** Please read this page before sending a referral, a clinician will contact by phone and if ok to progress help book a first appointment. Then, if funding is needed, please complete two forms, GP + Anxiety NZ therapist to sign, give to WINZ, receive the funds directly and then pay for each appointment at Anxiety NZ.

1. We offer therapy for all ages. Our mental health GP is for ages 18+ in therapy with us. Therapy is available nationally and our clinical services have a fee. Our Peer Groups are free for people living in Auckland aged 18+. We support people with neurodivergence however we can’t offer ADHD/Autism diagnoses or ADHD meds.
2. **Therapy costs:** It costs $185 for each therapy session with a psychologist, or $78 with a training psychotherapist or counsellor. Our clinical services are not automatically government funded. A missed or late cancelled appointment will incur a fee. Please visit [Funding and treatment costs | Anxiety NZ](https://anxiety.org.nz/services/funding) for information.
3. **Funding**: People may receive financial assistance for therapy if they are low-income, part time workers, students, children or young people (up to $80 a week). *Funding process after your referral is accepted:*
* If already on a benefit use the [disability allowance form](https://www.workandincome.govt.nz/documents/forms/disability-allowance-application-for-existing-clients.pdf) and [disability certificate for counselling form](https://www.workandincome.govt.nz/documents/forms/disability-allowance-couselling.pdf) and take these to your Anxiety NZ therapist and local GP to sign. Tertiary Students use the [student disability allowance form](https://www.studylink.govt.nz/documents/forms/disability-allowance-application.pdf). Under 18yrs, caregivers use the [Child Disability Allowance - Work and Income](https://www.workandincome.govt.nz/products/a-z-benefits/child-disability-allowance.html)
* If you are a new WINZ client use the [Extra Help form](https://www.workandincome.govt.nz/documents/forms/extra-help-application.pdf) and [disability certificate for counselling form](https://www.workandincome.govt.nz/documents/forms/disability-allowance-couselling.pdf) and take these to your Anxiety NZ therapist and local GP to sign.
* The completed forms will need to be submitted to WINZ using the [MSD portal](https://my.msd.govt.nz/?utm_source=W%26I%20website&utm_campaign=login) or dropped off at your nearest WINZ service centre. Receive the allowance into your bank account and pay Anxiety NZ for each session.
1. *Anxiety NZ offers several services:*
* *Our 5* [Peer support groups | Anxiety NZ](https://anxiety.org.nz/peer) *in Tāmaki Makaurau / Auckland are free to join (referral is needed, aged 18+, living in Akld and eligible for public health services –* *contact us first to check on Peer Group space).*
* *Our 24/7 national 0800 Anxiety Helpline (0800 269 4389) is free to call.*
* Free eNewsletter [Sign up to our newsletter | Anxiety NZ](https://anxiety.org.nz/newsletter)  *free* [Resources | Anxiety NZ](https://anxiety.org.nz/resources)
1. Anxiety NZ may not be able to provide therapy or peer support services to all people based on our available resources and the type of support required. **Our service is not suitable for people currently experiencing high risk of harm to self or others and it is important to seek help from a dedicated crisis support service**. We encourage people to contact [I Need Help Now | Mental Health Foundation](https://mentalhealth.org.nz/help). In danger now? Call 111.
2. You can read [our Privacy Policy here.](https://anxiety.org.nz/about/privacy-policy) If you keep a copy of this referral, **please consider how you keep the personal information within protected and respected, or securely deleted/destroyed.** A health professional referral can be arranged instead of, or in addition to, this referral.
3. Due to high numbers of referrals and limited resources, if our calls/emails/texts to make a first appointment are not answered for more than two weeks we will close the referral.

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

I have read and understand the above

The person I am referring consents to the information being shared in this referral:

**Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

Family Referrer contact details:

*\*Please ensure your contact details are correct*

|  |  |
| --- | --- |
| Your full name |  |
| Email |  |
| Cell phone |  |
| Address |  |
| What is your relationship to person referred? |  |
| How did you hear about Anxiety NZ?  |  |

The person you are referring:

|  |  |
| --- | --- |
| Full name: |  |
| Preferred name: |  |
| Date of birth and age: |  |
| Address: |  |
| Gender:  |  |
| Ethnicities: |  |
| Pronouns: |  |
| Cell phone: |  |
| Email: |  |
| Are they eligible for publicly funded health services (e.g. a NZ citizen or resident)?[*Getting publicly funded health services | New Zealand Government (www.govt.nz)*](https://www.govt.nz/browse/health/public-health-services/getting-publicly-funded-health-services/) |  |
| Are there any best times to contact the person you are referring? If they are a minor who is best to contact? |  |
| Is there anything else that is helpful to know when contacting to discuss the referral? |  |
| Are there cultural needs / preferences? |  |

*\*Please note that the more precise and detailed information that is provided can help to progress more quickly and efficiently.*

**Questions:**

Does this person consent to you making this referral and providing this information?

Reason for referral: a brief description of your concerns *(excessive worry, panic attacks, social anxiety, obsessive-compulsive behaviours, physical symptoms or other related concerns, e.g.: low mood).*

Tell us about the frequency, length, and severity of symptoms.

Do they have any triggers for their anxiety symptoms (e.g., certain situations, thoughts, or feelings)?

What are their current coping strategies and available supports?

Is there anything else you would like to tell us? E.g.: health or developmental history, medication use, impact on individual’s daily life.

Have they previously engaged and/or are they currently engaged with other mental health or relevant services? If so, who and why?

Are they at risk of harming themselves or others? Please tell us as much as you can.

If someone is in immediate danger, please dial 111 for ambulance assistance. Or phone your local DHB Mental Health Crisis Team (CATT Team), for a list of numbers call Healthline 0800 611 116.

Which Anxiety NZ services are they seeking?

*Services:*

* Mental Health Therapist / Psychologist (for therapy)
* Mental Health GP (psychiatric assessment and medication monitoring)

*\*Please note that Mental Health GP services are only available for are for clients engaging in therapy at Anxiety NZ.*

* Peer Group for aged 18+

*\*Each of our 5 groups have different waiting times to join. If you’d like to check if there is a space in a particular group before you refer you are welcome to contact* *reception@anxiety.org.nz* *or 09 846 9776.*

Is an interpreter required? Please detail.

Are there any cultural needs or preferences you’d like to share to support appropriate care at Anxiety NZ (for yourself or for the person being referred)?

**Next steps:**

You can email the completed referral to reception@anxiety.org.nz. You will receive confirmation from us of receiving your referral within a few days. If we can’t get in touch after two follow-ups without contact back, we’ll close the referral due to limited resources and need to support others.

If you keep a copy of this referral (including in your email sent folder or saved online), please consider how you will keep the personal information shared in it protected and respected or securely deleted. A health professional referral can be arranged instead or in addition.

For help in a Crisis: [I Need Help Now | Mental Health Foundation](https://mentalhealth.org.nz/help)

Information about helping family / whānau: [Support for Others | Mental Health Foundation](https://mentalhealth.org.nz/help/supporting-others)

[Mental health support for families - Yellow Brick Road](https://yellowbrickroad.org.nz/)

Thank you,

Anxiety New Zealand Trust