

Family / Whānau Referral Form

Before submitting this 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 (or caregiver) 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 Akld 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 the 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 the person referred) after two follow-ups and no contact, 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:

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: _____

Family Referrer contact details:

**Please ensure your contact details are correct*

Your full name	
Email	
Cell phone	
Address	
What is your relationship to the person you're referring?	

The person you are referring:

Full name:	
Date of birth and age:	
Address:	
Gender:	
Ethnicities:	
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)	
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.*

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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?

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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?

Individual services

- Psychologist for therapy
- Psychologist + Mental Health GP (psychiatric assessment and medication monitoring)
- Peer Group for aged 18+

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

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](#)

Information about helping family / whānau: [Support for Others](#) | [Mental Health Foundation](#)
[Mental health support for families - Yellow Brick Road](#)

Thank you,

Anxiety New Zealand Trust