

Are there any persons of concern to you that we need to know about?

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Have you previously had an ACC Sensitive Claim? Yes/No
(include your claim number if known):

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If you have had contact with ACC, do you give consent for START to contact them regarding your previous claim to aid the referral process? Yes/No

GP's name and contact details.....
Consent to contact GP if appropriate **Yes/No**

Have you had contact with the Police regarding the abuse? Yes/No
Do you consent to START speaking with Police where appropriate? Yes/No/NA

Signature.....

Please indicate days/times you would be **unable** to attend counselling?
Please note that restricted availability for appointments may result in a longer waiting period.

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Any other relevant information (other services involved, issues that might influence counselling etc)

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Do you want to receive text reminders for your appointments? Yes/No

Is it ok to leave telephone messages for you? Yes/No

Please telephone us on (03) 355 4414, fax (03) 355 5804 if you have any questions about this referral or require any assistance to complete it. START's postal address: PO Box 21022, Edgware, Christchurch 8143.

Signed:..... Date: