

Referral Form

Date of Referral : _____

Referrer :

Name : _____ Rank / Post : _____

Centre / Agency : _____

Tel : _____ Fax : _____

Mobile / Pager No : _____ Relationship with client : _____

Client :

Name : _____ (English) _____ (Chinese)

Age : _____ (DOB : _____ mm/ _____ yyyy) Sex : _____

Tel : _____ (Home) _____ (Mobile)

Address : _____

Occupation : Student Unemployed Part-time Job Full Time : _____

Substance abused (if the client is the substance abuser) : _____

Problem(s) identified : _____

Services provided by your agency / other agency : _____

Suggested service to client : _____

Name of significant others : _____

Relationship with client : _____ Tel : _____

Initial Contact Result (For Official Use Only)

| | | | | | | | |
|--|-----------------------------------|--|--|--|--|--|--|
| Date | | | | | | | |
| Time | | | | | | | |
| Result : | <i>Please ✓ where appropriate</i> | | | | | | |
| 1. Successfully contacted and interviewed | | | | | | | |
| 2. Successfully contacted but rejected our service | | | | | | | |
| 3. Telephone no answer | | | | | | | |
| 4. Wrong telephone number | | | | | | | |
| 5. Others: | | | | | | | |

Address : Unit No 41-44, G/F, Hing Shing House, Tai Hing Estate, Tuen Mun, NT, Hong Kong.

Tel. : 2453 7030 Fax. : 2453 7031