Caritas HUGS Centre
(Counselling Centre for Psychotropic Substance Abusers)

Confidential

Referral Form

Date of Referral：_____

Referrer：

Name：_____ Rank / Post：_____

Centre / Agency：_____

Tel：_____ Fax：_____

Mobile / Pager No：_____ Relationship with client：_____

Client：

Name：_____ (English) _____ (Chinese)

Age：_____ 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 :	*Please ✓ where appropriate*						
1. Successfully contacted and interviewed							
2. Successfully contacted but rejected our service							
3. Telephone no answer							
4. Wrong telephone number							
5. Others:							

Address：Unit nos 41-44, G/F, Hing Shing House, Tai Hing Estate, Tuen Mun, NT, Hong Kong.

Revised and updated on 7/5/2026 Tel.：2453 7030 Fax.：2453 7031