



Case Referral Form

Confidential

Case No.: _____
(to be filled in by FGPRC)

1) Information of the Referrer

Date: _____
Name of Referrer: _____
Name of Agency: _____
Address: _____

Tel. No: _____
Email Address: _____
Confirmation of Referral: The referrer has discussed the case with our coordinator
_____ (Name) on _____ (Date).

2) General Information of the Client

Name: _____ (English) _____ (Chinese)

Sex: _____ Age: _____ Date of Birth: _____

Marital Status: _____ Place of Birth: _____

Education: _____ School: _____

Address: _____

Telephone No: _____

Present Employment: _____

Office Address: _____

Office Tel. No.: _____ Monthly Income: _____



3) Family Background of the Client

Name	Relationship	Age	Occupation	Income	Remarks

4) Current Presenting Problem (including nature, history and extent):

5) Assessment of the Problem:

6) Services Rendered:



7) Difficulties Encountered:

8) Expectation about the Service:

Please fax / send this Referral Form to our Centre (Mark: “Case Referral”)

Updated in 2016.07