

## THE CHINESE UNIVERSITY OF HONG KONG DEPARTMENT OF SOCIAL WORK FAMILY AND GROUP PRACTICE RESEARCH CENTRE

香港中文大學 社會工作學系 家庭及小組實務研究中心

Tel 電話: 3943 8347 / 3943 1076 Fax 傅真: 3943 1077 Email 電郵: fgprc@swk.cuhk.edu.hk Website 網址: http://web.swk.cuhk.edu.hk/?id=2227

## **Case Referral Form**

<u>Confidential</u>		Case No.:		
1) Information of the R	eferrer	(to be filled in by FGPRC)		
Date: Name of Referrer: Name of Agency: Address:				
Tel. No: Email Address:				
Confirmation of Referral:	The referrer has discussed the case wi	th our coordinator (Date).		
2) General Information Name:	of the Client (English)	(Chinese)		
Sex: Ag	e: Date of Birth:			
Marital Status:	Place of Birth:			
Education:	School:			
Address:				
Telephone No:				
Present Employment:				
Office Address:				
Office Tel. No.:	Monthly Income:			

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## 3) Family Background of the Client

Name	Relationship	Age	Occupation	Income	Remarks

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5) Assessment of the Problem:

6) Services Rendered:

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7)	Difficulties Encountered:
8)	Expectation about the Service:

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

Updated in 2016.07