



### 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 email / send this Referral Form to our Centre (Mark: "Case Referral")**

Updated in 2019.08