Revised on: 8/2023

CHRISTIAN FAMILY SERVICE CENTRE

The Refuge Centre for Women (Serene Court)

Referral Form

| | 1 | | | | | |
|-----------------------------|--|--|----------------------------|-----------------|--|--|
| Name of Principal Client: | | | (English) | | | (Chinese) |
| Birth : | | | Place of bin | rth: | | |
| Year Arrived at HK: | | | Health Cor | dition: | | |
| | | | Monthly In | come: | | |
| ss: | | | | | | |
| Tel No. | | | (Mobile) | | | (WhatsApp) |
| Marital Status: | | □Married | □Cohabited □Others (Sp | | ecify) | |
| mposition: with a # for the | dependent(s) | to be admitted | with the clie | ent) | | |
| Relationship | Sex | Age/ | | Occupation / | | Remarks |
| | | Date of Birth | | School Allended | | |
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| | | | | | | |
| History: | 1 | | | | | , |
| Type of domestic violence | | | Occurrence | | | |
| abuse | \Box The first time | | | | | |
| buse | ☐ 2-4 times | | | | | |
| ogical abuse | ☐ Habitual battering over a period of | | | | | d of |
| | | | | | | |
| | | | □ 4- | 12 month | s | |
| | | | □ 1-: | 3 years | | |
| | | | | - | S | |
| | Birth: at HK: ss: mposition: with a # for the Relationship History: estic violence abuse buse buse ogical abuse | Birth: at HK: ss: Single mposition: with a # for the dependent(s) Relationship Sex History: destic violence abuse buse buse buse buse buse | Birth: at HK: ss: Single | Birth: | Birth: at HK: Health Condition: Monthly Income: ss: Mobile Married Cohabited mposition: with a # for the dependent(s) to be admitted with the client) Relationship Sex Date of Birth School Birth: Monthly Income: | Birth: at HK: Health Condition: Monthly Income: SS: Mobile SS: Mobile SS: Mobile SS: Mobile Morried Cohabited Others (Spannes) Mother (Spannes) Mobile SS: Mobile Morried Cohabited Others (Spannes) Mobile Mothers (Spannes) Age/ Date of Birth School Attended Mobile Mobile Mobile Mobile Mobile Mothers (Spannes) Age/ Date of Birth School Attended Mobile Mo |

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| Social History | | | | |
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| Services Rendered by | y the Referring Agency & Reason for Referral | | | |
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| Remarks | | | | |
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| | | | | |
| Referring Social Worker | Countersigning Officer | | | |
| Name : | Name : | | | |
| Signature : | Signature : | | | |
| Position : | Position: | | | |
| Tel. No: | Tel. No : | | | |
| Date : | Date : | | | |
| Name of Agency: | | | | |
| ****** | ************ | | | |
| | | | | |
| For Office Use Only: | | | | |
| Received on: | Case Summary Attached : Yes/No RC File No. : | | | |
| Admission Worker: | Admission Date/Time : | | | |