

CHRISTIAN FAMILY SERVICE CENTRE  
The Refuge Centre for Women (Serene Court)

Referral Form

Name of Principal Client:		(English)		(Chinese)
Age/Date of Birth :		Place of birth:		
Year Arrived at HK:		Health Condition:		
Occupation:		Monthly Income:		
Home Address:				
Tel No.		(Mobile)		(WhatsApp)
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Cohabited	<input type="checkbox"/> Others (Specify)_____

**Family Composition :**

(Please mark with a # for the dependent(s) to be admitted with the client)

Name	Relationship	Sex	Age/ Date of Birth	Occupation / School Attended	Remarks

**Battering History:**

Type of domestic violence

- Physical abuse
- Sexual abuse
- Psychological abuse
- Others (please specify \_\_\_\_\_)

Occurrence

- The first time
- 2-4 times
- Habitual battering over a period of
  - 3 months or less
  - 4-12 months
  - 1-3 years
  - Over 3 years

<p><b><u>Social History</u></b></p>
<p><b><u>Services Rendered by the Referring Agency &amp; Reason for Referral</u></b></p>
<p><b><u>Remarks</u></b></p>

<b><u>Referring Social Worker</u></b>		<b><u>Countersigning Officer</u></b>	
Name :		Name :	
Signature :		Signature :	
Position :		Position :	
Tel. No :		Tel. No :	
Date :		Date :	
Name of Agency :			

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**For Office Use Only :**

Received on : \_\_\_\_\_ Case Summary Attached : Yes/No RC File No. : \_\_\_\_\_  
 Admission Worker : \_\_\_\_\_ Admission Date/Time : \_\_\_\_\_