

Po Leung Kuk Tsui Lam Centre
(Victim Support Programme for Victims of Family Violence)

《Referral Form》

FAX 28948038
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This form can be completed in Chinese or English

A. Case Category: Child Abuse Case Spouse / Cohabitant Battering Case

B. Client's Profile:

Name: _____ (_____) Sex: _____

Reference no.: _____ Nationality: _____ Date of birth: _____

HKIC No. : _____ Year arrived in H.K. _____ Use of language: _____

Address: _____

Present address (if different from above): _____

Tel. No. : _____ (Home) _____ (Mobile)

Marital Status: * married / separated / divorced / widowed / single / co-habited

Occupation: _____ Monthly Income: * CSSA recipient / Non CSSA recipient (\$ _____)

Please specify any special needs (e.g. disability, etc): _____

Particulars of Family members, if any (* Please mark in remark 'L' for living apart, 'A' for abuser, any special needs):

Name	Relationship	Sex	Age & Date of Birth	Occupation /Schooling	Year Arrived in HK / Hong Kong Born (HKB)	*Remarks

(*Please delete as appropriate)

C. Background Information:

a) Reasons for Referral:

b) Family Violence/Child Abuse History:

c) Health and Emotion Condition (Please specify any physical injuries, chronic illness, suicidal ideation, emotional problems, etc):

d) Social Network:

e) Future plan:

D. Risk Level:

Name of abuser: _____ Relationship with client: _____

Severity of violence: Severe Moderate Low

Any contact between abuser and client? Yes (please state the means: _____)
 No

Any stalking behaviour? Yes (please specify: _____)
 No

Any police intervention or Court Order is in place? Yes (please specify: _____)
 No
 Pending application

Risk level assessed by referrer: High Moderate Low

E. Services rendered by referrer:

- Counseling Provision of groups/ educational programmes to the client and their family members
 Others, e.g. referrals for other social service(s) _____

F. Service(s) requested (Pls also state date/time, location(s) and no. of users that are expected for the service as appropriate)

1. Provision of information on

- civil and criminal proceedings (Pls specify: _____)
 community resources (Pls specify: _____)

2. Provision of support and accompany service to

- police station (Pls specify: _____)
 go through the legal proceedings (Pls specify: _____)
 locate and receive services/community resources
 legal housing financial school medical assessment / treatment
(Pls specify: _____)

3. Temporary child care support in crisis arising from family violence

(Pls specify: _____)

4. Guidance and training on life skills related to:

- personal care care to family members household management life adjustment

5. Others

- Psychological assessment _____
 Home visit and assessment on home safety _____
 Group activities
 Child visitation service (Please fill in Child visitation referral form)
 Legal Clinic- Pro-Bono Legal Consultation (one-off)

Name of referring worker : _____

Signature : _____

Service Unit : _____

Tel.& Fax : _____

Date : _____

Email : _____