

Referral Form

转介表格

Source of Referral 转介者详情:

Name of Referrer 转介者姓名: _____ Designation 职位: _____
Organization 组织名称: _____ Contact No. 电话: _____
Email Address 电子邮件: _____ Fax No. 电传: _____
Date of referral 日期: _____

Particulars of Client 个人详情:

Name 姓名: _____ Sex 性别: Female 女 Male 男
NRIC No 居民证号码: _____ Age 年龄: _____
Address 地址: _____
Phone No 电话: _____ (Home 住家) _____ (Handphone 手机)
Race 种族: Chinese 华族 Malay 马来族 Indian 印族 Eurasian 欧亚族 Others 其他: _____
Language 语言: English 英语 Mandarin 华语 Malay 马来语 Tamil 淡米尔语 Dialect 方言: _____

To be completed by Referrer:

Is the Client aware of this referral? 求助者知道辅导转介申请吗? Yes 知道 No 不知道
Is the Client agreeable to the counselling process? 求助者同意接受辅导吗? Yes 同意 No 不同意
Has the Client received counselling before? 求助者曾经接受过辅导吗? Yes 是 No 否
Is the Client's state of mind rational? 求助者的心智是否出于正常状态? Yes 是 No 否
Is the Client afflicted with any of the following? 求助者患有以下的病况吗?
 Dementia (Diagnosed / Suspected?) 老年痴呆症 (诊断 / 怀疑?): Early stage 初期 Late stage 末期
 Suicidal 自杀倾向 (Please complete the questions overleaf 请回答反面的问题)
 Psychiatric Illness (Diagnosed / Suspected?) Please specify condition: 精神病 (诊断 / 怀疑?) 请说明病况

What are the Client's presenting issues? 请说明求助者被困扰的状况是什么?

For Official Use:

Date received by Assigning Officer: _____ Assigned to: _____

Notes on Follow-up

Suicide Risk Assessment

Low risk

- The person has had some suicidal thoughts, such as “I can’t go on”, “I wish I were dead”,
- but has not made any plans,
- has resources / good support network to prevent suicide and
- has not made any prior attempts to commit suicide.

Medium risk

- The person has suicidal thoughts and plans (when, where and how),
- but has no plans to commit suicide immediately.
- has resources / good support network to prevent suicide and
- has not made any prior attempts to commit suicide.

High risk

- The person has a definite plan (when, where, how & completing unfinished business),
- has the means to do it,
- and plans to do it immediately.
- He/she has poor / no support network or resources to prevent suicide and
- has made prior attempts to commit suicide.

Other relevant information

Note: Please refer High Risk persons to SOS/Police or hospitalize them for their safety. SAGE Counselling Centre does not have the infrastructure to support 24-hour Crisis Intervention.