

Hong Kong Baptist University
Department of Social Work
Social Work Practice and Mental Health Centre
Counselling and Psychological Enrichment Service (CAPE)
Case Referral Form 輔導服務轉介表

Self-referral 自行轉介

Agency referral 機構轉介

Referring Agency 轉介機構名稱: _____

Name of referrer 轉介人: _____ Positon 職位: _____

Contact number: 聯絡電話 _____ E-mail 電郵: _____

Information of the referred person 轉介服務使用者資料

Name 姓名: _____ Sex 性別: M 男 F 女 Age 年齡: _____

Contact 聯絡: _____ (Tel no 電話) / _____ (E-mail 電郵)

Brief summary of presenting problems 主要困難和問題簡述:

Service received /rendering: 曾經或正接受的相關服務:

Not applicable 不適用

If applicable, please fill in 如適用請填寫

Duration 時期	Service nature 服務性質	Remark 備註

Reason for referral 轉介原因 _____

Other significant information (psychological/ medical/ health)

其他重要資料: (如生理/心理/醫療記錄)

Area of specialty of counseling service in request 要求的輔導服務範疇:

- family and children 兒童與家庭
- adolescents and youth development 青少年及青年發展
- study and work stress 學業與工作壓力
- marital and family relationship 婚姻與家庭關係
- individual and family with mental health issues 精神健康
- others 其他 _____

Background of counselor in request 對輔導員背景的要求:

- Student counselor: Free (for HKBU staff or student) 輔導學碩士課程實習學生：浸大教職員及學生費用全免
- Counselors with Master Degree in Counselling or related discipline 具碩士學位的輔導員. HK\$600
- Counselors with Master Degree in Counselling or related discipline with **more than 2** years of clinical experiences 具碩士學位及多於 2 年經驗的輔導員: HK\$800
- Counselors with Master Degree in Counselling or related discipline with **5 or more years** of clinical experiences 具碩士學位及多於 5 年經驗的輔導員: HK\$1200
- Counsellors or psychological counselling consultants with **PhD and ten years** of clinical experiences 具碩士學位及多於 10 年經驗的輔導員: HK\$1500
- Language preference 語言選擇: *English 英語/Putonghua 普通話/other 其他 _____
- Religion 宗教: (please specify 請註明 _____)

Consent from the referred person to disclose personal data has been granted on
獲得被轉介者同意披露個人資料之日期

_____ (d/m/yr) (日/月/年)

N.A.不適用

Signature of referrer/applicant : _____ Date: _____

轉介人/申請人簽署 日期

Office use

Form received date: _____ Case ref. no. assigned: _____

Assigned for intake by Administrative Officer: _____ (Name)

Counselor assigned: _____ (name of counselor) Tel no: _____

Putting out by Administrative Officer: _____ (Name)

Reasons for putting out / withdrawal of referral:

fail to contact the referred person

fail to reach agreement with the referred person on service arrangement/ fee charge

others : _____

Fee charge per session:

- free \$100 \$600 \$800 \$1200 \$1500