風雨蘭 RainLily

個案轉介表 Case Referral Form

 填妥後請電郵至 safechat@rainlily.org.hk 或傳真至 2717-1801 並致電 2375-5322 確認。
Please email completed form to safechat@rainlily.org.hk or fax to 2717-1801, then call 2375-5322 to confirm.

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| 轉介日期Date of Referral |       |
| 轉介機構Referring Agency |       |
| 轉介人姓名及職位Name and Title of Referrer |       |
| 聯絡電話Tel no. |       | 傳真Fax no. |       |

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| 案主姓名Name of Client |       |
| 性別 Gender | F | 年齡 Age |     | 電話 Tel no. |       |
| 地址 Address |       |
| 個案背景及轉介原因 Case Background and Reason of Referral |
|       |