



Variety BUTTERFLY Programme
Form A: Social Worker or School Referral Form

A. Client Information

Name: (English) (Chinese)
Sex:
DOB:
HKID/ Birth Certificate: (first 4 digit)
School:
Address:
Contact number:

B. Current Condition

Is the client on waiting list of public outpatient clinic?
____ Yes Date of registration: Appointment Date: Clinic:
____ No

If No, Do the client and family agree to be waitlisted on the public outpatient clinic?
____ Yes
____ No – Not eligible

Current Problems:

Suspecting Issues:

___Autistic Spectrum ___Attention Deficit/Hyperactivity ___Anxiety
___Oppositional Deviant ___Depression Others _____

Physical Health concerns: No/ Yes: _____

C. Background Information

Family Information

Family Members	Name	Relationship	Sex	Contact number	Employment	Age
1						
2						
3						
4						
5						

Financial Information

Household Income	\$	per month	
CSSA	\$	per month	
School or KG Fees Full Allowance or Full Subsidies	Yes		No

Special Financial Consideration

Referrer's Signature:

Referrer's Name:

Organization:

Date:

Address:

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