The Hong Kong Catholic Marriage Advisory Council

KID First Specialised Co-parenting Support Centre (HK/KE)

Referral Form for SCSC Services

Referring Agency / Service Unit : ______________________

Reference Number : ______________________

Tel No./Fax No. : ______________________

1. Particulars of Father and Mother

	Father	Mother
	Put a 「✓」 in ❒ for the principal client of referrer (if applicable)	
Name (Chinese) (English)	❒ ____________ ____________	❒ ____________ ____________
Age / Date of Birth		
H.K.I.C. No.		
Nationality		
Use of language		
Year arrived in HK		
Tel. No. (Home) (Office) (Mobile Phone)	____________ ____________ ____________	____________ ____________ ____________
Home Address		
Education Level		
Occupation		
Year of Marriage / Cohabitation	(Year, e.g. 2000)	
Date of Separation / Divorce (if applicable)	(Year/month, e.g. 2000/01)	
Health and Emotion condition (Please specify any disability, physical injuries, chronic illness, suicidal ideation, emotional problem and current condition)		
Remarks (Please specify other relevant information)		

2. Family Composition (i.e. children and other significant family members living with father and mother)

	Name (Both English and Chinese)	Relationship with [*e.g. son/daughter (close/fair/detached)]		Sex	Age / D.O.B.	Education / Occupation (Position)	Living with (Please 「✓」 wherever applicable)			Remarks (e.g. any disability, health/behavioural problem, special needs etc.)
		Father	Mother				Father	Mother	Others (pls specify)	
1.		Son (fair)	Son (close)							
2.										
3.										

3. Brief History of Parents' Relationship (please put a 「✓」 in ❐)

3.1 Major Reason(s) for *Separation / Divorce	
3.2 Filing of Divorce Petition	❐ Yes ❐ No
3.3 *Domestic Violence / Suspected Child Abuse (the latest incident/weapon used/MDCC held, if applicable)	❐ Yes ❐ No Date/Event/*DV/Suspected Child Abuse incident:__ ____
3.4 Risk Level assessed by Referrer	❐ High ❐ Moderate ❐ Low
3.5 Intensity of Conflict between both parents	❐ High ❐ Moderate ❐ Low (please specify the major conflict:______________ ____)

* Delete as appropriate

4. Perception/Attitudes towards the arrangement of co-parenting service

	Acceptance Level	Remarks
4.1 Father	❐ Low ❐ Moderate ❐ High	
4.2 Mother	❐ Low ❐ Moderate ❐ High	

5. Recommended Services

- ❐ Co-parenting counseling
- ❐ Parenting Co-ordination Service (consent of **both** parents required)
- ❐ Child Contact/Exchange Service (consent of **both** parents required)
- ❐ Counselling on children's emotion and adjustment towards parental separation (consent of both parents is preferable)
- ❐ Groups/programmes/workshops

6. Consents Given by Parents

6.1 By father: ❐ Yes ❐ No
6.2 By mother: ❐ Yes ❐ No

7. Supplementary Information (if any):

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Signature of Referrer :		Signature of Supervisor:	
Name & Post		Name of Supervisor :	
Tel. No. :		Date :	
Date :			