



Confidential

**Referral form**

**Brief Social Report**

**Name of client (according to NRIC):**

**Background**

Client Biographical information

Family Background (include Genogram)

Residential Address	
Type of Housing / Tenant	
Room Type	
No. of Household Members	
Current Living Condition	

Name / Age / Relationship	Relevant Information of Household Members	
	Marital Status	
	Housing Status	
	Employment Status	
	Known Offending History	
	Known Medical Issues	
	Child's perception of relationship with family / significant others	
	Rating: /10 (Child Rating)	

Summary of care history and significant events/incidents

Date	Main Carer and quality of care towards the child	Significant events/Incidents

Admission to Hospital

Previous Discharge Plan

Current Living Arrangement

Other Placements Tried (Reasons)

Employment and Education background and current status

Offences (if any)

**Presenting Issue/s**

Areas of risk/Needs (Include Child and Adolescent Needs and Strengths (CANS) / Youth Level of Service (YLS) assessment report)

**Behavioural/ psychological issues**

Self-Harm and/or Suicidal Ideation History

Mental Health History (diagnosed or suspected)

**Medical history**

Health Condition/s (including allergies)

**Referring agency's Assessment**

**Referring Agency's recommendation/ plan of action**

Caseworker's name and designation:

Supervisor's name and designation:

Organisation/Agency:

Date of report: