

**REFERRAL FORM**  
**to WE CARE Community Services Ltd**

**Email to:** help@wecare.org.sg

**Fax to:** WE CARE Community Services Ltd / (65) 6547 5458

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Organisation: \_\_\_\_\_ Email: \_\_\_\_\_  
 Designation: \_\_\_\_\_ Tel: \_\_\_\_\_

**Information on Referred Person**

Name of Person: _____		NRIC: _____
Date of Birth: _____	Gender: M / F	Nationality: _____
Address: _____		
Contact Tel: _____	(Home/Other)	_____ (Mobile)
Education Level: _____		Marital Status: _____
Spoken language: English / Malay / Mandarin / Tamil / Others		
Primary Issue: Drugs / Alcohol / Gambling / Sex / Compulsive Behaviour / Others		
<b>Referral to</b> (cross the boxes):		
[ ] Support Group [ ] Counselling [ ] Programme [ ] Others ( )		
<b>Remarks:</b> _____		
_____		
_____		

**To be completed by WE CARE:** (To reply to referring agency within 5 working days)

Received referral on: \_\_\_\_\_ Attended by Counsellor/RSO: \_\_\_\_\_

Outcome of Referral: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Updated Dec 2014