

CASE REFERRAL NO:

Kindly send in your referrals to: referralclub2care@gmail.com

 REFERRAL FORM

|  |  |
| --- | --- |
| cLIENT INFORMATION  | rEFERRER’S iNFORMATION  |
| name: | name: |
| aDDRESS: | SERVICE/ORGANISATION: |
| D.OB: | telEPHONE nUMBER: |
| nric: | EMAIL ADDRESS: |
| home/ MOBILE number: | Job title: |
| pREFERRED LANGUAGES: | Date of referral: |
| nEXT OF KIN’S NAME & CONTACT NO:  | sERVICES RECEIVING FROM Agency: |
| pREFERRED DAYS AND TIMING:  | Client cONSENT RECEiVED FOR REFERRAL TO SERVICE: YES NO  |
|  Note: Club2Care will take necessary care in handling personal particulars of clients in confidence. Personal information of the cleints would only be shared with some members of Club2Care organization committee for the purpose of case management and supervision.  |
| **SERVICES REQUIRED** |
| * Support groups
* Counselling services (a social report from referral agency would be desirable)
* Home Visit
 |
| **MEDICAL INFORMATION**  |
| Is the client diagnosed to have mental health issue or is suspected to have some mental health issues? | Kindly state the diagnosis if known, or brief information on mental health issue: |
| Is the client on any medications? |  |
| Has the client had any thoughts of suicide within the recent three months? | Elaborate: |
| Has the client made any attempts of suicide within the recent three months?  | Elaborate: |
| In the last three months has there been any of the following incidences:□ Violent behaviour □ Sexual offence □ Extreme impulsivity  | Elaborate: |

Information Sheet on Club2Care Services

**What is Club2care about?**

Club2Care is a non-profit organization seeking to promote mental well-being in the community. Club2Care aspires to help individuals with mental health challenges or those in distress regain mental wellness and lead fulfilling lives. We are comprised of a team of trained counsellors and mental health professionals who wish to serve the needs of the community.

**Services offered:**

1. Counselling services (We provide counselling services in English, Tamil and Hindi languages)
2. Support groups for those who are dealing with mental health issues and wish to cope better in a group setting.
3. Home based mental health support (monitoring of compliance, connecting to counselling support when required and linking up with primary care team)
4. Caregiver support
5. Public talks on mental health issues

**Referral information:**

Kindly fill in the referral form and send it to us at referralclub2care@gmail.com.

For clients who are being referred for counselling/home visit program, a brief social report would be appreciated to provide an account of the client’s presenting issues and social situation.

Our volunteers will get in touch with you within one to two weeks’ time from the date of referral. Kindly avail yourselves for a case discussion with our counsellors/para counsellors.

If you have any enquiries about club2care organization, feel free to get in touch with us at referralclub2care@gmail.com and we will attend to you.