

## Referral to Community Resource and Engagement Support Team CREST HNF @ SENGKANG

<b>Exclusion Criteria:</b> Persons should not have <u>active</u> substance use. Persons should not be <u>actively</u> suicidal. Persons should not be violent.		
<b>Has the client/ caregiver been informed of referral to CREST</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
<b>SECTION 1: REFERRING PARTY INFORMATION</b>		
Staff Name / Designation / Department /Organization		
Tel	E-Mail	Date
<b>SECTION 2: CLIENT DETAILS</b>		
Name	NRIC	
Address	Date of Birth (dd/mm/yyyy) Age	
Home Contact  Mobile	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Citizenship  <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others	Race <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian  <input type="checkbox"/> Eurasian <input type="checkbox"/> Others, please specify: _____	
Marital Status  <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown	Religion  <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Catholic <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Taoism <input type="checkbox"/> Others: _____	
Preferred Language  <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Dialect, Specify: _____ (e.g. Hokkien, Cantonese, etc.)		
Employment Status  <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unknown		
HDB Room Type  <input type="checkbox"/> 1 room <input type="checkbox"/> 2 room <input type="checkbox"/> 3 room <input type="checkbox"/> 4 room <input type="checkbox"/> 5 room <input type="checkbox"/> Non-HDB / Others, please specify : _____		

Home Ownership

Purchase     Rental     Lodging

Living Arrangement

Family     Spouse     Alone     Others, please specify: \_\_\_\_\_

**SECTION 3: CAREGIVER DETAILS (IF RELEVANT)**

Caregiver Information	Name of Caregiver _____
	Relationship to Client _____    Mobile _____
	Date of Birth / Age _____
	Staying with Client <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 4: CLINICAL INFORMATION OF CLIENTS**

**Mental Health Concern**

Anxiety

Caregiver Stress

Chronic Stress

Dementia

Depression

Obsessive Compulsive Disorder

Personality Disorders

Others, please specify: \_\_\_\_\_

**Presenting Issue**

Employment Issue

Financial Issue

Lack of Family Support

Lack of Independent Living Skills

Lodging/Housing Issue

Social Isolation

Others (Please Specify): \_\_\_\_\_

**Background Information** (any relevant background information about the client, including current living situation, family support, medical history etc.)

**SECTION 5: OTHER RELEVANT INFORMATION**

**Additional information** (may include client's other medical issues, financial means, genogram, social report, hospitalization for psychiatric treatment, history of substance abuse, etc.) Please use additional sheets if necessary. Referral source may also attach a Discharge Summary and Social Report.

**SECTION 6: SAFETY CONCERNS**

Indicate any safety concerns, risk factors, or urgent issues

**SECTION 7: SERVICES REQUIRED**

Required Services

- Caregiver Support
- Counselling Services
- Employment Assistance
- Life Skills Training
- Monitoring and Engagement
- Psychoeducation
- Social Prescribing and Activation