

## Clarity Singapore Referral Form

Thank you for the referral! Please send us the completed forms, as well as any other relevant information at [referral@clarity-singapore.org](mailto:referral@clarity-singapore.org) and we will acknowledge receipt and update you on the referral outcome within 3 working days.

If you have queries on the suitability of referral as well as services provided by Clarity Singapore, please give us a call at 67577990 or 97103733.

<u>REFERRER INFORMATION</u>			
Referrer Name		Referral Date	
Designation		Organization	
Contact Number		Email Address	
Status of Engagement by Referrer	<input type="checkbox"/> Ongoing Services <input type="checkbox"/> Terminated Services Services provided:		
<u>CLIENT INFORMATION</u>			
Full Name (as in NRIC)		Gender	
Mobile Number		Language	
Address		Email Address	
Date of Birth		Parent Name	
	<input type="checkbox"/> If client is currently aged below 18, please confirm parental consent prior to referral.	Contact Number	
<u>REFERRAL INFORMATION</u>			
Requested Services	<input type="checkbox"/> Psychotherapy & Counselling <input type="checkbox"/> Group Intervention Programmes, specify: <input type="checkbox"/> Social Engagement Programmes, specify: More details of upcoming programmes can be found on Clarity's <a href="#">Events Calendar</a> .		
Referral Reason	Please include client's goals for services at Clarity Singapore.		
Formal Diagnosis	Please include existing and historic diagnosis, including year diagnosed.		
Psychiatric Medications			

Mental Health Support Received	Please include pertinent details of mental health support, including type of support and organization from which support is rendered.		
Referral Information	Please include supporting information for referral, including client's presentation, any relevant past history, interventions already tried, responses to these, and any other services received.		
Risk Concerns	Please include full details of any current risk to self or others, current risk from others, relevant previous history including treatment, self-harm, or previous suicide attempts and forensic history.		
Additional Information / Requests	Please include other medical concerns, financial means, family situation, or other requests, and any other relevant information.		
<b><u>PERSONAL DATA PROTECTION ACT (PDPA) COMPLIANCE</u></b>			
<p>By sending the Referral form to Clarity Singapore, you certify that the referred has provided you with</p> <ul style="list-style-type: none"> <li>(i) their consent to disclose personal data about them that is included in this referral form for the purpose of Clarity providing its services to the referred and;</li> <li>(ii) if Clarity is unable to provide the appropriate services deemed necessary, their consent to Clarity exploring and putting into place further referral(s) as Clarity may consider reasonably necessary or desirable for the benefit of the referred.</li> </ul>			
<b><u>CONFIRMATION OF REFERRAL</u></b>			
Referrer's Signature		Organization Stamp	