

# Division of Child and Adolescent Psychiatry

Red Cross Children's Hospital and  
University of Cape Town



## Referral Form

46 Sawkins Road, Rondebosch 7700  
Tel. 021 685 4103  
Tel. 021 685 5116 Fax 021 689 1343  
DCAP@westerncape.gov.za

Folder Number: \_\_\_\_\_

Queries: \_\_\_\_\_

Thank you for completing this form. **Please note** that if a child/adolescent is failing or having scholastic problems only, s/he should be referred to the school educational psychologist.

The child/adolescent and family remain in the care of the referral agency until an appointment is kept with us. In an emergency, contact with us may facilitate an earlier appointment.

Child/adolescent's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home tel. no.: \_\_\_\_\_

Sex: 1  M 2  F Home language: 1  English 2  Afrikaans 3  Xhosa 4  Other(s)

Ethnic background/race: 1  Black 2  Coloured 3  Indian 4  White 5  Other 6  Prefer not to answer

Medical aid: 1  Yes 2  No

Next of kin: 1  Mother 2  Father 3  Guardian 4  State 5  Other

Father's name: \_\_\_\_\_ Tel.: (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Marital status: 1  Single 2  Married 3  Divorced 4  Widower Number of dependants: \_\_\_\_\_

Ethnic background/race: 1  Black 2  Coloured 3  Indian 4  White 5  Other 6  Prefer not to answer

Religion: 1  African Traditional 2  Christian 3  Hindu 4  Jewish 5  Moslem 6  None 7  Other \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Income: 1  R1 000 to R29 999 2  R30 000 to R59 999 3  R60 000 to R99 999 4  R100 000+

Mother's name: \_\_\_\_\_ Tel. (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Marital status: 1  Single 2  Married 3  Divorced 4  Widow Number of dependants: \_\_\_\_\_

Ethnic background/race: 1  Black 2  Coloured 3  Indian 4  White 5  Other 6  Prefer not to answer

Religion: 1  African Traditional 2  Christian 3  Hindu 4  Jewish 5  Moslem 6  None 7  Other \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Income: 1  R1 000 to R29 999 2  R30 000 to R59 999 3  R60 000 to R99 999 4  R100 000+

Guardian's name: \_\_\_\_\_ Tel.: (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Marital status: 1  Single 2  Married 3  Divorced 4  Widow/er Number of dependants: \_\_\_\_\_

Ethnic background/race: 1  Black 2  Coloured 3  Indian 4  White 5  Other 6  Prefer not to answer

Religion: 1  African Traditional 2  Christian 3  Hindu 4  Jewish 5  Moslem 6  None 7  Other \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Income:  R1 000 to R29 999  R30 000 to R59 999  R60 000 to R99 999  R100 000+

State: \_\_\_\_\_ Tel.: (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Other: \_\_\_\_\_ Tel.: (w) \_\_\_\_\_ (cell) \_\_\_\_\_

Name of school: \_\_\_\_\_ Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

What concerns you about this child/adolescent? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Duration of problem: \_\_\_\_\_

Significant events or stressors: \_\_\_\_\_

Why is help being sought *now*? \_\_\_\_\_

Who is concerned?  Mother  Father  School  Social agency  Clinic  Other: \_\_\_\_\_

Which of the following factors are contributory?  Developmental  Emotional/family  Social circumstances

What help has been offered by you or others? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the family known to any social agency? Please specify: \_\_\_\_\_

\_\_\_\_\_

What change do you expect this service to effect? \_\_\_\_\_

\_\_\_\_\_

What reasons have you given the family for this referral? \_\_\_\_\_

\_\_\_\_\_

Please provide details of the following aspects of the child or adolescent's personal history:

Birth history and milestones: \_\_\_\_\_

Illnesses, injuries, operations: \_\_\_\_\_

Physical examination: \_\_\_\_\_

Scholastic progress: \_\_\_\_\_ Grades failed: \_\_\_\_\_

