



BORANG RUJUKAN PSIKOLOGI KAUNSELING
UNIT PSIKOLOGI KAUNSELING
HOSPITAL TENGKU AMPUAN AFZAN



TEL: 09-570 2189 Ext 2475

SULIT

Kindly Fill Up 2 Copies

Name: _____ Age: _____

I/C No: _____ R/N No: _____ Sex: Male / Female

Address: _____

No Tel: _____ Date: _____

Occupation: _____ Urgent: Yes / No

Medical Diagnosis: _____

On Medication: Yes / No (Specify): _____

Reason for Referral: _____

A Supportive Counseling/ Counseling & Guidance for

Critically ill Patient (Please specify) _____

Family/Relatives of patient (Name) _____

Employee Assistant & Support (KKM) : Disciplinary / LNPT<70 / Financial problem / Self Development/ Interpersonal issues. Others: _____

Adjustment Issues

Family Conflict / Domestic Violence

Anger Management

Grief & Bereavement

Bully Victim/Peer Pressure

Marital/Relationship Problems

Behavior/Conduct Problem

Personality Assessment/Self Development

Child Abuse/Neglect/ Incest Victim

Rape/Sexual Assault Victim/Social problem

Alcoholic / Substance Abuse

Social Skill Training/ Career/ Study Skills

Stress/PTSD/ Anxiety Management

Suicidal/ Suicide Attempt

Depression/ OCD/ Psychological problem

Unmarried pregnancy / Emotion Support

Others (Please Specify)

Motivation/ Cognitive Behavior Therapy

Case Summary:

Name :

Post :

Department/Ward :

Ext/ Tel No:

Signature :

Counseling Feedback Form: _____

Name :