

Integrated Community Centre for Mental Wellness (ICCMW)

Service Exit Form

(to be issued within 7 working days by ICCMW upon exit of service)

<i>From :</i> Officer-in-Charge <i>(Name of ICCMW)</i> _____	<i>To :</i> Officer-in-Charge _____
<i>Ref. :</i> _____	<i>Ref. :</i> _____
<i>Tel No. :</i> _____	<i>Dated :</i> _____
<i>Fax. No. :</i> _____	<i>Fax. No. :</i> _____
<i>Date :</i> _____	<i>Total Page(s) :</i> _____

Service Exit from ICCMW

Name : _____
HKIC No. : _____
Sex / Age : _____

Referring to the above-named service user you referred on _____, we would like to inform you of the following information :

(I) Service Rendered

- Counselling to service user.
- Counselling to family member / carer of service user.
- Successful engagement with the service user by support / developmental groups or educational programmes.
- Referral to CPS of HA for clinical assessment.
- *Occupational therapy / outreaching / training services of our ICCMW.
- Peer support service
- Clinical psychological service
- Others : _____

(II) Service Exit

- (i) Date of termination : _____
- (ii) Reasons : ICCMW intervention completed and service user requested no further ICCMW service.
 - The service user has been admitted to subvented halfway house, long stay care home, supported hostel or private residential homes for persons with disabilities under Bought Place Scheme.
 - The service user is admitted to psychiatric hospital.
 - The service user is persistently unmotivated to receive ICCMW service for at least 8 weeks.

Self-withdrawal.

Untraceable.

Others : _____

(III) Remarks

2. Should there be any enquiries, please contact _____ at _____.

(_____)
Officer-in-Charge
ICCMW

**delete whichever is inappropriate*