

Integrated Community Centre for Mental Wellness (ICCMW)

Service Admission Form

(to be issued within 8 weeks by ICCMW upon the receipt of referral)

<i>From :</i> Officer-in-Charge <i>(Name of ICCMW)</i> _____ <i>(District)</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 Admission to ICCMW

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

Referring to the above-named service user you referred on _____, we would like to inform you that the service user has been admitted to our ICCMW service with detailed information as follows :

Service Rendered

- Counselling to service user with mental / suspected mental problems.
- Counselling to family member / carer of service user.
- Successful engagement with the service user by support / developmental groups or educational programmes.
- The service user is receiving *occupational therapy / outreaching / training services of our ICCMW.
- The service user was successfully referred to Community Psychiatric Service of the Hospital Authority for clinical assessment.
- Peer support service
- Clinical psychological service
- Others : _____

Remarks : _____

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

(_____)
Officer-in-Charge
ICCMW

*delete whichever is inappropriate