Referral Form for Welfare Services from Integrated Community Centres for Mental Wellness (ICCMW)

From:	Officer-in-Charge	To:	Officer-in-Charge	
	(Name of ICCI			
Ref.:				
Tel No. :		Dated :		
Fax. No. :		Fax. No.	:	
Date:		Total Po	Total Page(s):	
	Referral	for Welfare S	ervices	
	Name :			
	Address :			
I	refer to the telephone discussion between	een	(Name of staff) of your Centre and	
	(Name of referrer) of our ICC	CMW on	and would like to refer the above-named	
for your ser	vices for *his / her welfare needs.			
2. T	To facilitate your follow-up action, the	following inforn	nation is provided for information:	
(I) Partic	culars of Applicant			
Name : (I	English)		(Chinese)	
Tel. No. :	(Home)		(Mobile)	
HKIC No). :			
*Diagnos	sis / Suspected mental health problem (i	if any):	_	
Current n	nental status :			
Psychiatr	ic Follow-up Clinic (if any):			
•	rendered by ICCMW : Counsell	ing 🗖	Groups and Programmes Skill training	
		nagement	Carer support	
		port service	Clinical psychological service	
	Waitlisti	ng of rehabilitat	ion services (Please specify):	
	Others:			
	Omers.			

Consent of applicant		
*has been / has not been obtained for	r receiving welfare services;	
*has been / has not been obtained tha	at workers of your Centre can approach	ch the case medical officer / paramedical
staff / social workers concerned for	information regarding the provision	of welfare services.
Details of any emotional, psychologic	cal or behavioral problems that war	rant special attention, including but not
limited to suicidal attempt / suicidal ter		
(II) Information of Applicant's Fo	mily Mombon / Conon	
(II) <u>Information of Applicant's Fa</u>	mily Wiember / Carer	
Name: Mr./Mrs./Ms.	()	Tel. No.:
(English)	(Chinese)	
(21/3/13/1)	(e.m.ese)	
Living with the applicant: *Yes / No	o Relationship with	applicant:
Diving with the applicant. Test 10	Teamonship with	
Consent of the family member / carer *	thas been / has not been obtained that	professional workers of your Centre can
approach him / her if necessary.	has been / has not been obtained that	professional workers of your centre can
FF		
(III) D	l C	Ti
(III) Presenting Problem, Referral	l Summary and Special Remarks (Use additional sneet if required)
(IV) Information of Referring Off	ii co	
(11) information of Referring Off	<u>ICC</u>	
Name of Referrer :	Post:	Tel. No. :
		Fax No :
		Fax No. :
Office Address :		
Remarks: Our ICCMW will co	ontinue to follow-up the captioned ca	ase.
Our ICCMW will c	lose the case after making this referra	al.
	· ·	
Others (please speci		
Disconsistant and a second sine of	- £4l. i.e. u - £e. u - 1 - vi4lein e e e e e e e e e e e e e	dans from the data of this referred. For
B. Please acknowledge receipt of enquiries, please contact		g days from the date of this referral. For
inquiries, pieuse contact	at phone no	·
	()
		Officer-in-Charge
		ICCMW

^{*}delete whichever is inappropriate