

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

<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> _____

**Referral for Welfare Services**

Name : \_\_\_\_\_  
Sex / Age : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

I refer to the telephone discussion between \_\_\_\_\_ (Name of staff) of your Centre and \_\_\_\_\_ (Name of referrer) of our ICCMW on \_\_\_\_\_ and would like to refer the above-named for your services for \*his / her welfare needs.

2. To facilitate your follow-up action, the following information is provided for information:

**(I) Particulars of Applicant**

Name : (English) \_\_\_\_\_ (Chinese) \_\_\_\_\_  
Tel. No. : (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
HKIC No. : \_\_\_\_\_

\*Diagnosis / Suspected mental health problem (if any) : \_\_\_\_\_

Current mental status : \_\_\_\_\_

Psychiatric Follow-up Clinic (if any) : \_\_\_\_\_

Services rendered by ICCMW :

<input type="checkbox"/> Counselling	<input type="checkbox"/> Groups and Programmes	<input type="checkbox"/> Skill training
<input type="checkbox"/> Case management	<input type="checkbox"/> Carer support	
<input type="checkbox"/> Peer support service	<input type="checkbox"/> Clinical psychological service	
<input type="checkbox"/> Waitlisting of rehabilitation services (Please specify) :		
<input type="checkbox"/> Others :		

