

Consent of applicant *has been / has not been obtained that ICCMW's worker can approach the case medical officer / paramedical staff / social workers concerned for information regarding the provision of ICCMW services.

(II) Information of Applicant's Carer / Family member:

Name: _____ (_____) Contact means / Tel. No.: _____
(English) (Chinese)

Living with the applicant: *Yes / No Relationship with applicant: _____

Consent of the carer / family member *has been / has not been obtained that ICCMW's professional workers can approach him / her in case of emergency.

(III) Referral summary and special remarks (Use additional sheet if required) :

(IV) Information of Referring Office:

Name of referrer: _____ Post: _____ Tel. No.: _____

Agency: _____ Fax No.: _____

Office Address: _____

Remarks: Our Centre will continue to follow-up the welfare needs of the above-named / above-named's family. Please issue the Service Admission Form to our unit within 8 weeks upon the receipt of the referral.

No follow-up action will be taken by our Centre since the applicant / applicant's family has no other welfare needs at our Centre. In this connection, Service Admission Form *is / is not requested.

Others (please specify): _____

3. Please acknowledge receipt of this referral **within seven working days** from the date of this referral. For enquiries, please contact _____ at phone no. _____.

(_____)

Officer-in-charge

_____ Centre

**Delete whichever is inappropriate*