

Integrated Community Centre for Mental Wellness (ICCMW)

Receipt of Referral

(to be issued within 7 working days by ICCMW as from date of referral)

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

Receipt of Referral for ICCMW

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

In respect of the above referral on _____, please be informed that :

- The case has been taken up by _____ (name of social worker) who can be contacted at phone no. _____
- Our office will look into the case. Service Admission Form (**Appendix 6**) will be sent to you as soon as possible and not later than 8 weeks from the date of the Referral Form. (i.e. _____ date)
- The case will not be followed-up by our ICCMW because : _____

- Others (Please specify) : _____

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

(_____)
Officer-in-Charge
ICCMW