Appendix 4

Referral Form for Integrated Community Centre for Mental Wellness (ICCMW)

<i>From</i> : Officer-in-Charge	Te	<i>p</i> :	Officer-in-Charge		
D. <i>C</i>		C	ICCMW		
Ref. :		ef. :			
Tel No. :		ated :			
Fax. No. :		ax. No. :			
Date :	10	otal Page(s) :			
Psychiatric Service of Hospita	Referral for 1 Services Unit / M al Authority (HA) alised Care Progr	edical Social / Communit	ty Psychiatric Services (CPS) /		
Name :	Sex / Age	:	Date of Birth:		
Address :			Date of Birth:		
I refer to the telephone discus	sion between		(Name of referrer) of our Centre and		
(Name of ICCMW's worker) of your ICCMW on and would like to refer the above-named for your services for *his / her *mental health / suspected mental health problem.					
 To facilitate your follow-up a (I) <u>Particulars of Applicant</u> 	ction, the following	information is	provided:		
Name : (English)		(Chine	ese)		
Tel. No. : (Home)		(Mob	ile)		
HKIC No. :		-			
Service(s) required from ICCMW :	Case managen	nent 🗆 Ca ervice 🗆 Cl	nd Programmes		
	Others:				
*Diagnosis / Suspected mental health	n problem (if any) :				
Date of onset (if any):					

Psychiatric Follow-up Clinic (if any):				
Special Remarks:	Conditional Discharge	Intensive Care	Ex-intensive Care	
	Special Care	Conventional Care		
Contact Points of Case Manager of *CPS/PCP (if any) :		Name :	Tel. No. :	
Other support services (e.g. MSSU, POT, IFSC, etc.) :				

Details of any emotional, psychological or behavioral problems that warrant special attention, including but not limited to suicidal attempt / suicidal tendency and violence / violence tendency (if any) :

Rehabilitation service(s) waitlisted:	□ Supported Employment □ Sheltered Workshop
	Residential Service (please specify) :
	Others :
	Not known

Consent of applicant

 \Box *has been / has not been obtained for receiving ICCMW services;

*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 Family Member / Carer

Name :	Mr./Mrs./Ms.	()	Tel. No. :	
	(English)	((Chinese)			
Living w	ith the applicant : *Yes / No		Relationship wit	h applic	cant :	

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

(IV) Information of Referring Office

Name of Referrer :Agency :		Post :	Tel. No. :
			Fax No. :
Office Add	ress :		
Remarks :	(1	Our Centre will continue to follow-up the welfare replease issue the Service Admission Form to our up referral.	
	(1	No follow-up action will be taken by our Centre sin other immediate and / or long term welfare needs at	
	□ (1	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 _____.

(

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Officer-in-Charge

Name of Centre:_____

District:

**delete whichever is inappropriate*