

Referral Form (個案轉介表)

Centre:

- Crisis Residential Centre - Boys' Centre (Fax: 2804 8627)
 Crisis Residential Centre - Girls' Centre (Fax: 2804 8629)
 Transitional Housing for Young Probationers and High-Risk Youth - Male Section (Fax: 2804 8626)
 Transitional Housing for Young Probationers and High-Risk Youth - Female Section (Fax: 2804 8632)

I. Client's Information

Name : (Chinese 中文) _____ (English 英文) _____

HKID No. _____ Tel. No. _____

Address : _____

Correspondence Address : _____

_____ Tel. No. _____

Date of birth : _____ Y _____ M _____ D Place of Birth : _____

School / Employer : _____ Tel. No. _____

Name of Parent(s)/Guidance : _____ Tel. No. _____

II. Reasons of running away from Home/Reasons of not living at Home

III. Case Summary

(1) Brief case development & family background

(2) Client's performance at school / work

(3) Client's emotional & behavioral characteristics

(4) Worker's Intervention

(5) Intervention Plan Suggested for Youth Outreach

(6) Recommended Length of Stay:

(7) Is the client or any family member have any triad society background?

Client: Yes (Details: _____) No Unknown

Family Member: Yes (Details: _____) No Unknown

(8) Medical History

Please “✓”if the client or family members have following medical condition:

		Client	Family members	Details	Duration
1.	Currently under observation or taking treatment or medication.				
2.	Operation, treatment, hospital care or medical examination history.				
3.	Any form of sexually transmitted disease or anything about his/her life style which could expose him/her to the risks of AIDS.				
4.	Tendency of suicide or history of attempted/committed suicide.				
5.	Suffering from health problem. eg. physical/ psychological/ psychiatric				
6.	Drugs abuse history or still abusing drugs.				

(9) Remarks

IV. Referring Agency

Name of Agency and Centre : _____

Responsible Social Worker : Mr. / Miss. / Mrs. _____

Tel No. : _____

Fax No. : _____

Signature : _____

Date : _____ Y _____ M _____ D