Appendix 4

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

From :	Officer-in-Charge	*To :*	Officer-in-Charge
	_____		ICCMW
Ref. :	_____	*Ref. :*	_____
Tel No. :	_____	*Dated :*	_____
Fax. No. :	_____	*Fax. No. :*	_____
Date :	_____	*Total Page(s) :*	_____

Referral for ICCMW
from *Welfare Services Unit / Medical Social Services Unit /
Psychiatric Service of Hospital Authority (HA) / Community Psychiatric Services (CPS) /
Personalised Care Programme (PCP) of HA

Name : _____ Sex / Age: _____ Date of Birth: _____

Address : _____

I refer to the telephone discussion 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.

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

(I) <u>Particulars of Applicant</u>

Name : (English) _____ (Chinese) _____

Tel. No. : (Home) _____ (Mobile) _____

HKIC No. : _____

Service(s) required from ICCMW : ☐ Counselling ☐ Groups and Programmes ☐ Skill training
☐ Case management ☐ Carer support
☐ Peer support service ☐ Clinical psychological service
☐ Services for children of Persons in Mental Recovery
☐ Others:_____

*Diagnosis / Suspected mental health 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

☐ *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) <u>Information of Applicant's Family Member / Carer</u>

Name : Mr./Mrs./Ms. _____ (_____) Tel. No. : _____
(English) *(Chinese)*

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

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

(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 applicant / applicant'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 immediate and / or long term welfare needs at our Centre.

☐ 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 _____.

( )

Officer-in-Charge

Name of Centre: _____

_____

District: _____

**delete whichever is inappropriate*