



**Case Referral Form**

**(From Referral Agency/Service Centre)**

To : TWGHs ICAPT  
15/F, Tung Chiu Commercial Centre,  
193 Lockhart Road, Wanchai, Hong Kong  
Tel no : 2827 1408 Fax no : 2877 9559

**(1) Client's information**

Name : \_\_\_\_\_ (Chinese) \_\_\_\_\_ (English)  
Sex : \_\_\_\_\_ Date of birth : \_\_\_\_\_ I.D. Number: \_\_\_\_\_ ( )  
Address : \_\_\_\_\_  
Telephone no: \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Home)

**(2) Client's consent** :  Verbal consent  Written consent

**(3) Referrer's information**

Name of referral agency/ service centre : \_\_\_\_\_  
Worker's name : \_\_\_\_\_ Tel no : \_\_\_\_\_ Fax no : \_\_\_\_\_

**(4) Whether the client exhibits the following addiction or risk (Multiple options)**

- The following problems related to the client
- The following problems related to family members/friends of the client (Relationship : \_\_\_\_\_)

**Addiction**

- Drugs  Alcohol  Gambling  Internet use
- Sex  Spending  Other : \_\_\_\_\_

**Risk**

- Self-harm  Suicide  Domestic violence  Finance/debt

**Health conditions**

- Physical health : \_\_\_\_\_  Mental health : \_\_\_\_\_

**(5) Client's background information and services required**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(6) Follow-up services**

Whether your centre will provide follow-up services for this client :  Yes  No

Contents of follow-up services : \_\_\_\_\_

Date : \_\_\_\_\_ Worker's /Countersign officer's signature : \_\_\_\_\_