



東華三院

Tung Wah Group of Hospitals

心瑜軒

Integrated Centre on
Addiction Prevention & Treatment

ICAPT 1.4E

Case Referral Form

(From Referral Agency/Service Centre)

To : TWGHs ICAPT
Room B, 10/F, Ming Tak Centre,
135-137 Tung Chau Street, Tai Kok Tsui, Kowloon
Tel no : 2827 1408 Fax no : 2877 9559

(1) Client's information

Name : _____ (Chinese) _____ (English)
Sex : _____ Date of birth(MM/YY) : _____ I.D. Number: _____ (First 4 digits)
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 : _____



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Date : _____

Worker's /Countersign officer's signature : _____