



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

☐ Internet use

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 : _____