

Healthy e-Generation Network "Connect with the e-Generation" Campaign 2025/26

Case Referral Form

(For School Use)

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	<u>n</u>	
Name:	(Chinese)	(English)
Sex:	Class in his	/her school:
(2) Client's consent:	☐ Consent has been	obtained from the client and their parent/guardian
(3) School's informatio	<u>on</u>	
Name of school:		
Referrer's name:		Position:
Tel no:		Fax no:
(4) Whether the client e	xperienced distress due 1	to following situations (Multiple options are possible)
☐ Internet addiction ☐	Cyberbullying Onlir	ne social interaction crisis Online traps
☐ Online spending ☐	☐ Other:	
(5) Client's background	d information and servi	ces required
Date:	Referrer's /	Countersign officer's signature:

The personal information collected in this form serves only for the purpose of providing services by TWGHs. The information will be handled in accordance with Personal Data (Privacy) Ordinance.