



Tung Wah Group of Hospitals Even Centre Counselling and Treatment Centre for Gamblers with Gambling Disorder



EC 1.30(E)

TWGHs Even Centre Case Referral Form

Refe	errer's information					
Name of referral agency/ service centre:						
Worker's name:			Tel no:		Fax no:	
Clier	nt's information					
Name: (Chinese) (English)						
Sex	Sex:Date of birth: I.D. Number::					
Addı	ress :					
Telephone no : (Mobile) (Home)						
Client's Consent : ☐ Verbal consent ☐ Written consent						
Client's background information and services required :						
Whe	ther the client exhibits the fol	lowin	g risk:			
	Suicidal attempt / Self-harm		Physical health problem		Drugs / Alcohol problem	
	Domestic violence		Financial & Debt problem		Others	
	Mental health problem		Mentally retarded			
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:						

*The reply will be issued within 7 days upon receipt of referral form

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