

TWGHs Even Centre
Case Referral Form

Referrer's information

Name of referral agency/ service centre : _____

Worker's name : _____ Tel no : _____ Fax no: _____

Client's information

Name : (Chinese) _____ (English) _____

Sex : _____ Date of birth : _____ I.D. Number: : _____

Address : _____

Telephone no : (Mobile) _____ (Home) _____

Client's Consent : Verbal consent Written consent

Client's background information and services required :

Whether the client exhibits the following risk :

- | | | |
|---|---|--|
| <input type="checkbox"/> Suicidal attempt / Self-harm | <input type="checkbox"/> Physical health problem | <input type="checkbox"/> Drugs / Alcohol problem |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Financial & Debt problem | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> Mental health problem | <input type="checkbox"/> 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**