

**Referral Form for
Integrated Community Centre for Mental Wellness (ICCMW)**

<i>From :</i> Officer-in-Charge _____ <i>Ref. :</i> _____ <i>Tel No. :</i> _____ <i>Fax. No. :</i> _____ <i>Date :</i> _____	<i>To :</i> Officer-in-Charge TKO(S) ICCMW _____ <i>Ref. :</i> _____ <i>Dated :</i> _____ <i>Fax. No. :</i> _____ <i>Total Page(s) :</i> _____
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**Referral for ICCMW
from *Welfare Services Unit / Medical Social Services Unit /
Psychiatric Service of Hospital Authority (HA) / Community Psychiatric Services (CPS) /
Personalised Care Programme (PCP) of HA**

Name : _____ Sex / Age: _____ Date of Birth: _____
 Address : _____

I refer to the telephone discussion between _____ (Name of referrer) of our Centre and (Name of ICCMW's worker) of your ICCMW on _____ and would like to refer the above-named for your services for *his / her *mental health / suspected mental health problem.

2. To facilitate your follow-up action, the following information is provided:

(I) Particulars of Applicant

Name : (English) _____ (Chinese) _____
 Tel. No. : (Home) _____ (Mobile) _____
 HKIC No. : _____

- Service(s) required from ICCMW :
- Counselling Groups and Programmes Skill training
 - Case management Carer support
 - Peer support service Clinical psychological service
 - Services for children of Persons in Mental Recovery
 - Others: _____

*Diagnosis / Suspected mental health problem (if any) : _____

Date of onset (if any): _____

(III) Referral Summary and Special Remarks (Use additional sheet if required)

(IV) Information of Referring Office

Name of Referrer : _____ Post : _____ Tel. No. : _____

Agency : _____ Fax No. : _____

Office Address : _____

- Remarks :
- Our Centre will continue to follow-up the welfare needs of the applicant / applicant's family. Please issue the Service Admission Form to our unit within 8 weeks upon the receipt of the referral.
 - No follow-up action will be taken by our Centre since the applicant / applicant's family has no other immediate and / or long term welfare needs at our Centre.
 - Others (please specify) : _____

3. Please acknowledge receipt of this referral **within seven working days** from the date of this referral. For enquiries, please contact _____ at _____.

(_____)

Officer-in-Charge

Name of Centre: _____

District: _____

**delete whichever is inappropriate*