



Christian Family Service Centre  
基督教家庭服務中心  
Community Rehabilitation Day Centre  
日間社區康復中心

Address: 8/F, Kai Nang Integrated Rehabilitation Services  
Complex, No. 4, Fuk Tong Road, Kwun Tong, Kowloon  
地址：九龍觀塘福塘道4號啟能綜合康復服務大樓8樓  
電話 Tel: 2793-2218 傳真 Fax: 2342-0338  
電郵 Email: crdc@cfsc.org.hk

病人姓名 Name of Client:

性別/年齡 Sex/Age:

地址 Address:

電話 Tel:

附件 10.6

請貼上附有病人聯絡資料的標貼

OR Affix **FULL Gum Label** with Patient's contact  
information

### 轉介書 Service Referral

診斷及有關病歷 Diagnosis and Medical History:

Date of Next Follow Up (if any): \_\_\_\_\_

X-光/其他診斷結果 X-ray/Other clinical Findings:

備註 Precautions/Contraindications/Remarks:

#### Type(s) of Services Recommended:

- |  |  |
|--|--|
| <input type="checkbox"/> Centre based integrated rehabilitation services<br>- physical reconditioning, ADL training, cognitive rehabilitation, individual counselling etc. | <input type="checkbox"/> Community reintegration<br>- community living skill, adjustment to lifestyle changes etc. |
| <input type="checkbox"/> Caregiver training and support<br>- care coaching for caregiver, family counseling  | <input type="checkbox"/> Community support groups/resources  |
| <input type="checkbox"/> Vocational adjustment/counselling   | <input type="checkbox"/> Education on self management of disease   |
|  | <input type="checkbox"/> Home modification (pls specify: _____)  |

Specific Goal(s) to be achieved (if any):

Recommended duration for review: \_\_\_\_\_ weeks

#### Referrer's Information

Hospital/Clinic:  
Contact Telephone No.:  
Fax No.:

☐ Relevant Information/Document  
Attached

Name of Referrer: \_\_\_\_\_

Profession: ☐ Medical Doctor ☐ Physiotherapist  
☐ Occupational Therapist

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Hospital / Clinic Chop  
(Essential Item)

#### Reply Slip

Result of Service Referral

- ☐ Initial contact on: \_\_\_\_\_  
☐ Admitted for service on: \_\_\_\_\_  
☐ Rejected/ Self withdrawal  
☐ On Waiting List Approx. \_\_\_\_\_ weeks

Name of Staff:

Title:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax referral to CFSC Community Rehabilitation Day Centre (Fax: 2342-0338)

請盡早到中心辦理預約手續。此轉介信的有效期為發出日起的二個月內。

KRDrehab001 日間復康服務轉介書

revised : Apr 2024