

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

病人姓名 Name of Client: 性別/年齡 Sex/Age: 地址 Address:

電話 Tel:

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

請貼上附有病人聯絡資料的標貼

附件 10.6

revised: Jan 2020

OR Affix FULL Gum Label with Patient's contact information

電郵 Email: crdc@cfsc.org.hk			
轉介書 Service Referral			
診斷及有關病歷 Diagnosis and Medical		<u> </u>	
Date of Next Follow Up (if any):			
X-光/ 其他診斷結果 X-ray/Other clinical Findings:			
備註 Precautions/Contraindications/Ren			
/用正 1 recautions/ Contramuteations/ Ren	nai KS.		
Type(s) of Services Recommended: □ Centre based integrated rehabilitation servic - physical reconditioning, ADL training, cognit rehabilitation, individual counselling etc. □ Caregiver training and support - care coaching for caregiver, family counseling □ Vocational adjustment/counselling Specific Goal(s) to be achieved (if any):	ive - co □ Cor □ Edu	nmunity support g	ill, adjustment to lifestyle changes etc. groups/resources nagement of disease
Recommended duration for review: weeks Referrer's Information			
		iormation	
Hospital/Clinic: Contact Telephone No.: Fax No.: Relevant Information/Document	Name of Reference Profession:	errer: Medical Doctor Occupational T	_ , ,
Attached			Hospital / Clinic Chop (Essential Item)
Reply Slip Result of Service Referral			
 ☐ Initial contact on:	Name of Staf Title:	f:	
on making List ripproxweeks	Signature:		Date: