**Case Referral (Day Care/Day Respite)**

附件10.7

**日間護理服務轉介書**

PART A: IDENTIFYING DATA

Name in English Chinese Sex/Age

Date of Birth Place of Birth Religion

H.K.I.C. / B.C. No. Telephone No.

Address in Chinese

Occupation Income

Marital Status Year of Marriage

Diagnosis and Medical History

Details of Parents/Guardians/Relatives

Name in English Chinese Sex

H.K.I.C. / Passport No. Relationship Age

Occupation Income Education

Correspondence Address Telephone No.

PART B: FAMILY COMPOSITION

Particulars of family members & relatives living with applicant

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name in English | Name in Chinese | Sex | Age/Date of Birth | Relationship | Occupation & Income |
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Emergency contact person :-

Name Relationship Telephone No.

Correspondence Address

PART C: SERVICES / ASSISTANCE RECEIVING BY APPLICANT

Name of Agency & Unit

Nature of Service Frequency

Date of Admission Case Ref. No.

PART D: REFERRAL SUMMARY

Reasons for referral:

Case Summary:

 Prepared by:

Name & Rank:

Agency & Unit:

Telephone No.

Date