



Case Referral Summary (Day Care/Day Respite)

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

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. _____



基督教家庭服務中心
Christian Family Service Centre

日間社區康復中心

Community Rehabilitation Day Centre

九龍觀塘福塘道4號地下

G/F., 4 Fuk Tong Road, Kwun Tong, Kowloon

電話 Tel: (852) 2793 2218 電郵 E-mail: crdc@cfsc.org.hk

傳真 Fax: (852) 2342 0338 網址 Website: www.cfsc.org.hk

PART D: REFERRAL SUMMARY

Reasons for referral: _____

Case Summary:

Prepared by: _____

Name & Rank: _____

Agency & Unit: _____

Telephone No. _____

Date _____