

**Referral form for
Pilot Project on Transitional Support Service for Persons in Mental Recovery
Lighthouse Project (LHP) (導航計劃)**

<i>From:</i> Officer-in-charge <hr/> <i>Ref.:</i> _____ <hr/> <i>Tel No.:</i> _____ <hr/> <i>Fax No.:</i> _____ <hr/> <i>Date:</i> _____ <hr/>	<i>To:</i> Officer-in-charge, LHP / SRACP <hr/> <i>Tel. No.:</i> _____ <hr/> <i>Fax No.:</i> _____ <hr/> <i>Total Page(s):</i> _____ <hr/>
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(I) Particulars of Applicant:

Name (English): _____ (Chinese): _____
D.O.B: _____ HKID No.: _____ Sex: _____
Tel. No. (Home): _____ (Mobile): _____
Address: _____

Residential District: Wong Tai Sin Kowloon City Yau Tsim Mong Shamshuipo
 Tsuen Wan Kwai Tsing (selective parts)# North Lantau Island

Psychiatric Diagnosis: _____

Psychiatric Follow-up Clinic: _____ CRSRehab no.: _____

Status: on waitlist for HWH service (since _____)
 received HWH service (from _____) and already left HWH
(on _____) with reason of _____
 prolonged stay at HWH for 36 months or above (since _____)

Case nature: Intensive care Special care Conventional care
 Conditional discharge

Other illness(es) (if any, please specify): _____

Other support services (e.g. MSSU, ICT, PCP, IFSC, ICCMW, Supported Employment, Sheltered Workshop, etc.):

History of Suicidal Attempt (if any): _____

History of Violence (if any): _____

Details of emotional, psychological or behavioral problems that warrant special attention (if any):

Rehabilitation service(s) waitlisted/referred: Supported Employment Sheltered Workshop
 ICCMW Others (please specify: _____)

Consent of applicant ***has been / has not been** obtained that worker can approach the case medical officer / paramedical staff / social workers concerned for information regarding the provision of this referring services.

(II) Information of Applicant's Carer / Family member:

Name: _____ (_____) Contact means / Tel. No.: _____
Living with the applicant: *Yes / No Relationship with applicant: _____

Consent of the carer / family member ***has been / has not been** obtained that professional workers can approach him / her in case of emergency.

(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 above-named / above-named'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 welfare needs at our Centre.
 - Others (please specify): _____

Please acknowledge receipt of this referral within seven working days from the date of this referral.

For enquiries, please contact _____ at phone no. _____

(_____)
Officer-in-charge
_____ Centre

**delete whichever is inappropriate*

Service Boundary of Kwai Chung District:

- Kwai Hing Estate, Kwai Luen Estate, Kwai Shing East Estate, Kwai Shing West Estate, Kwai Chun Court, Kwong Fai Circuit, Kwai Shing Circuit, Wo Tong Tsui Street, Kwai Hing Road, Tai Wo Hau Road

- Tai Wo Hau Estate, Kwai Chung Estate, Kwai Yin Court, Kwai Fuk Court, Kwai Yung Court, Tai Ha Street, Shek Tou Street

- Shek Yam East Estate, Shek Yam Estate, On Yam Estate, Shek Lei (II) Estate, Ning Fung Court, Ping Fu Path, Tai Pak Tin Street, Ta Chuen Ping Street, Shek Pai Street, Tai Loong Street, Shek Yam Road, Lei Muk Road, Wo Yi Hop Road

- Shek Lei (I) Estate, Yi Fung Court, Shek Ying Path, Lei Pui Street

- Cho Yiu Chuen, Lai King Estate, Yin Lai Court, Yuet Lai Court, Highland Park, Lai King Terrace, Lai Cho Road, Lai King Hill Road