



## Referral Form 轉介表格

\*\*\* Client's consent is required 請事先徵得客戶的同意

Agency Details 轉介機構資料			
Referral Date 轉介日期	____/____/____		
Referral Agency 轉介機構			
Referral Agency Contact NO. 轉介機構聯絡電話			
Contact Worker's Name 轉介工作人員姓名			
Contact Worker's Email 轉介工作人員電郵			
Client's Details 客戶個人資料			
Given Name 名		Surname 姓	Title 稱謂
D.O.B. 出生日/月/年 <i>if possible</i>		Language 語言	
Residential Address 居住地址			
Contact NO. 聯繫電話		Diagnosis 診斷	
Date of Diagnosis 確診日期		Treatments 治療	
Reasons for referral 轉介原因			

**What assistance does the client require? 所需服務 (please tick)**

<input type="checkbox"/> Social Support 社會支持	<input type="checkbox"/> Support group 參加小組
<input type="checkbox"/> Power of Attorney 授權書	<input type="checkbox"/> My Farewell Wishes 晚晴心願 (Advance Care Values Directive)
<input type="checkbox"/> Counselling 輔導	<input type="checkbox"/> Advocacy 辯護
<input type="checkbox"/> Transport services 交通援助	<input type="checkbox"/> Contact other service providers 與其他機構聯繫
<input type="checkbox"/> Meals 送餐	<input type="checkbox"/> Talk to someone with similar experience 與同路人交談
<input type="checkbox"/> Companionship 陪同援助	<input type="checkbox"/> Explaining Correspondence 信件解釋
<input type="checkbox"/> Bereavement Counselling 哀傷輔導	<input type="checkbox"/> Others 其他:

\*\* Have you obtained the client's consent?

Yes 有  No 無