

For office Use

Our Reference No.: \_\_\_\_\_

Date: \_\_\_\_\_



明愛家庭服務

恩遇 - 明愛失胎支援中心

個案轉介表

電話: 21541313 傳真: 37020732

日期: \_\_\_\_\_

個案個人資料

姓名(中文): \_\_\_\_\_ (英文): \_\_\_\_\_ 性別: 男/女

身份證: (英文字母以及首三個數字) \_\_\_\_\_ 婚姻狀況: \_\_\_\_\_

出生日期: \_\_\_\_\_ (年齡: \_\_\_\_\_) 教育程度: \_\_\_\_\_ 職業: \_\_\_\_\_

地址: \_\_\_\_\_ 電話: \_\_\_\_\_

其他家庭成員:

姓名	關係	性別/年齡	教育程度	職業

問題性質: (請在適當方格內填上✓)

- 情緒                      精神健康/疑似精神疾病                      姻親關係  
人際關係                      照顧子女/育兒                      生育  
夫妻關係                      其他: \_\_\_\_\_

服務需要: (請在適當方格內填上✓)

- 個案輔導                      婚姻輔導                      性治療  
身心健康教育活動                      治療小組                      朋輩支援小組  
其他: \_\_\_\_\_

備注:

轉介人姓名: \_\_\_\_\_ 簽名: \_\_\_\_\_ 職位: \_\_\_\_\_

轉介機構/單位: \_\_\_\_\_ 電郵: \_\_\_\_\_

電話: \_\_\_\_\_ 傳真: \_\_\_\_\_ 參考編號: \_\_\_\_\_

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**Caritas Family Service**

**Grace Port – Caritas Miscarriage Support Centre**

**Case Referral Form**

**Tel: 21541313 Fax: 37020732**

Date: \_\_\_\_\_

**Client's Information:**

Name (Chi): \_\_\_\_\_ (Eng): \_\_\_\_\_ Sex: M/ F

HKID: (Only the letter and first 3 digits) \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Age: \_\_\_\_ ) Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

**Other Family Members:**

Name	Relationship	Sex/Age	Education	Occupation

**Problem Nature: (Please ✓ as appropriate)**

- Emotional                       Mental/Suspected Mental Illness                       In-law Relationship  
 Interpersonal relationship    Child Care/Parenting                       Childbearing  
 Relationship with Spouse/Intimate Partner                       Others: \_\_\_\_\_

**Services Requested: (Please ✓ as appropriate)**

- Individual Counselling                       Couple Counselling                       Sex Therapy  
 Psycho-educational Program                       Therapeutic Group                       Peer Support Group  
 Others: \_\_\_\_\_

Remark: \_\_\_\_\_

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Name of Referrer: \_\_\_\_\_ Signature: \_\_\_\_\_ Post: \_\_\_\_\_

Referring Agency/Service Unit: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Reference No.: \_\_\_\_\_