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| From: |  | To: |

**Standard Agency Application Form**

**(This part should be completed by the referrer) [RESTRICTED]**

Total no. of pages included: ( ) page 1 page 2 page 3 page 4 (please 🗹 as appropriate)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of applicant: | |  | (     ) | | | HKID: | |  | | Sex / Age: |  | / |  |
| D.O.B.: | /     /      (DD/MM/YYYY) | | | CRSRehab no.: | | | D | | Hospital/Clinic ref. no.: | | | \_\_\_\_\_\_ | |
| Service required: | |  | | |  | | | | | | | | |

**Part I Applicant's Information (to be completed by Referrer)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Place of birth: |  | | | | Spoken language: | | | |  | | | Year arrived at HK: | | | | | | | |  | | |
| Marital status: Single / Married / Divorced / Separated / Widowed | | | | | | | | | | | | | | | | | | | | | | |
| Address & Tel.: | | |  | | | | | | | | | | | | | | ( | |  | | | ) | | |
| Type of accommodation: Hut / Cubicle / Bed-spacer / Room / Flat Others: | | | | | | | | | | | | | | |  | | | | | | | |
| Name of carer: | |  | | | |  |  | Relationship with applicant: | | | | |  | | | | | | | | | |
| Contact address & Tel.: | | | |  | | | | | | | | | | | | ( | |  | | | ) | |
| Education level: | |  | | | | | | | |  |  | | | | | | | | | | | |
| Financial support: CSSA / SSA / Self-supporting / Others (please specify) | | | | | | | | | | | | | |  | | | | | | | | | |

*Particular of Family member / Close relatives (living together with applicant):*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relationship | Sex / Age | Occupation | Level of support # |
|  |  | / |  |  |
|  |  | / |  |  |
|  |  | / |  |  |
|  |  | / |  |  |

*# Level of support to the applicant: Rejecting, Indifferent, Supportive, Overprotective.*

*Recent occupational record: e.g. Open employment / Sheltered workshop / Supported employment etc.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Duration | | | Post / Title | Salary | Reason for leaving the job |
|  | to |  |  |  |  |
|  | to |  |  |  |  |

*Social welfare services waitlisted: e.g. Halfway house / Hostel / Sheltered workshop / Supported employment etc.*

|  |  |  |  |
| --- | --- | --- | --- |
| Date of referral made | Service requested | Referring organization | Remarks |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Undesirable habits: Anti-social behavior / Drug addiction / Alcoholism / Heavy smoking / Gambling etc. if any please specify:-

|  |  |
| --- | --- |
|  | |
|  | |
| Reason for referral: |  |
|  | |
|  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of referrer (in BLOCK): |  | | |  | (Signature): |  |
| Office / Centre: |  | | |  | Agency: |  |
| Telephone no.: |  | ext.: |  |  | Fax no.: |  |
| Date: |  | | |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of applicant: | |  | (     ) | | HKID: | |  | | | Sex / Age: | |  | / |  |
| D.O.B.: | /     /      (DD/MM/YYYY) | | | CRSRehab no.: | | D | | | Hospital/Clinic ref. no.: | | | | \_\_\_\_\_\_ | |
| Hospital / Clinic: | |  | | | | | | Ward: | | |  | | | |

**Part II Medical history (to be completed by case medical officer)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Diagnosis: |  | | | | | | | | | | | | | |
| Case nature: Intensive care case / Special care case / Conventional case \*/ Others: | | | | | | | | | | | | | | |
| Ex-Intensive Care Case: | | |  | | Yes | | |  | No (Please tick) | | | | |
| Intelligence: Normal / Borderline / Mild / Moderate / Severe\* IQ Score: | | | | | | | | | | |  | | (if available) | |
| Date of assessment: | |  | | | |  | | | | | | | | |
| Premorbid personality: | | | | | | | | | | | | | | |
| Relevant medical illness(es) or disability(s): | | | | | | | | | | | | | | |
| Date of onset of mental illness: | | | |  | | | | | | Total no. of admissions: | |  | | |
| Reason(s) for present hospitalization: | | | | | | |  | | | | | | | |

Dates of last three admissions: (include the present admission)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Duration | | | Name of hospital | Diagnosis | Voluntary / Compulsory |
|  | to |  |  |  |  |
|  | to |  |  |  |  |
|  | to |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Symptoms at present attack: | | | | | | | |  | | | | | | | | | | | | | | | | |
| Anti-social behavior: | | | | | |  | | | | | | | | | |  | Prognosis: | | | |  | | | |
|  | | | | | |  | | | | | | | | | |  |  | | | | | | | |
|  | Problem drinking | | | | | |  | | Drug addiction | | | | | | |  | Maintenance treatment: | | | | | |  | |
|  | Problem gambling | | | | | |  | | Others: | | | |  | | |  | (include medication) | | | | |  | | |
|  | Criminal record | | | | | | (Details: | | | |  | | | | | | ) |  | | Response to treatment: | | | |  | |
| Suicidal tendency: | | | |  | | | | | history: | | | |  | | | | | | | | | | | |
| History of violence / aggressiveness: | | | | | | | | | | |  | | | | | | | | | | | | | |
| Nature of violent / aggressive behavior: | | | | | | | | | | | |  | | | | | | | | | | | | |
| Outcome / Sentence: | | | | |  | | | | | | | | | | | | | | | | | | | |
| Predisposing factors to violence: | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | Psychological / Social / Biological \* (please specify) | | | | | | | | | | | | | |  | | | | | | | | |
| Free from violent / aggressive behavior in the last | | | | | | | | | | | | | | |  | | months / years \* | | | | | | | |
| Is applicant a conditionally discharged case? | | | | | | | | | | | | | |  | Yes |  | | | No | | | | | |
| The applicant | | |  | | is / | | |  | | | is not recommended to receive the service applied: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional remarks : (supplementary sheet if required, e.g. insight into mental illness) | | | | | | | | | | | | | | | | | | | | | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| Referring CMO: (Signature) | |  | |  | Name in BLOCK: | |  |
| Tel. no.: |  | ext: |  |  | Date: |  | |

***\*please delete as appropriate.***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of applicant: | |  | (     ) | | HKID: | |  | | | Sex / Age: | |  | / |  |
| D.O.B.: | /     /      (DD/MM/YYYY) | | | CRSRehab no.: | | D | | | Hospital/Clinic ref. no.: | | | | \_\_\_\_\_\_ | |
| Hospital / Clinic: | |  | | | | | | Ward: | | |  | | | |

**Part III Nursing report (to be completed by ward nurse) *Please tick as appropriate***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | Remarks |
| A. | Personal hygiene: | 1. | Reluctant to perform self-care like  bathing or changing underwear |  |  |
| 2. | Need prompting |  |  |
| 3. | Able to look after personal hygiene  independently |  |  |
| B. | Cooperation in  ward life: | 1. | Not willing to do his share |  |  |
| 2. | Willing to do his share but no more |  |  |
| 3. | Willing to do more than his share |  |  |
| C. | Drug  compliance: | 1. | Shows strong reluctance even being prompted |  |  |
| 2. | Take medication when being advised |  |  |
| 3. | Take medication on his own initiative |  |  |
| D. | Social mixing /  Ward life: | 1. | Withdraws from social mixing |  |  |
| 2. | Mixes with other in organized groups only |  |  |
| 3. | Mixes with others spontaneously |  |  |
| E. | Attitude towards  placement: | 1. | Resists the idea |  |  |
| 2. | Will do whatever is suggested |  |  |
| 3. | Welcomes the idea |  |  |
| F. | Money  management: | 1. | Spends appropriately |  |  |
| 2. | Reluctant to spend |  |  |
| 3. | Fails to keep money |  |  |
| G. | Nursing care  dependency: | 1. | Intensive nursing care needed |  |  |
| 2. | Medium level of nursing care needed |  |  |
| 3. | Minimum nursing care needed |  |  |
| H. | Overall comment: |  | | | |
|  | | | | | |
|  | | | | | |
|  |  |  | | | |
| I. | Other remarks: |  | | | |
|  | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Referring nurse: (Signature) | |  | |  | Name in BLOCK: | |  | | |
| Tel. no.: |  | ext: |  |  | Ward: |  | | Date: |  |

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| From: |  | To: |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of applicant: | |  | (     ) | | HKID: | |  | | | Sex / Age: | |  | / |  |
| D.O.B.: | /     /      (DD/MM/YYYY) | | | CRSRehab no.: | | D | | | Hospital/Clinic ref. no.: | | | | \_\_\_\_\_\_ | |
| Hospital / Clinic: | |  | | | | | | Ward: | | |  | | | |

**Part IV Occupational therapy record (to be completed by occupational therapist)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| General performance | | | ***(please √ as appropriate)*** | | | |
|  | | | V. Good | Good | Fair | Poor |
| A. | ***Household management skills*** | |  | | | |
|  | Meal preparation skills | |  |  |  |  |
| Laundry | |  |  |  |  |
| Household cleansing | |  |  |  |  |
| Home safety | |  |  |  |  |
| B. | ***Community living*** | |  | | | |
|  | Use of community resources | |  |  |  |  |
| Use of transportation | |  |  |  |  |
| Road safety | |  |  |  |  |
| Money management | |  |  |  |  |
| C. | ***Work performance*** | |  | | | |
|  | Attendance | |  |  |  |  |
| Punctuality | |  |  |  |  |
| Concentration | |  |  |  |  |
| Following instructions | |  |  |  |  |
| Work motivation | |  |  |  |  |
| Work tolerance and endurance | |  |  |  |  |
| Work skills | |  |  |  |  |
| D. | ***Social behavior*** | |  | | | |
|  | Cleanliness / Appearance | |  |  |  |  |
| Getting along with others | |  |  |  |  |
| Cooperation | |  |  |  |  |
| Special vocational skill / interest: | | | | | | |
|  | | | | | | |
| In view of the applicant's employment record and present work capability, the applicants work potential can reach : | | | | | | |
| 🞎Training and activity center/ 🞎Sheltered workshop/ 🞎Supported employment/ 🞎Part time employment/ 🞎Full employment. | | | | | | |
| Other remarks: | |  | | | | |
|  | | | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Referring OT: (Signature) | |  | |  | Name in BLOCK: |  | | | |
| Tel. no.: |  | ext: |  |  | Ward / Team / Unit: | |  | Date: |  | |