|  |  |  |
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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)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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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| From:       |  | To:       |

**Standard Agency Application Form**

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

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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) |
|        |
|  |

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

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

|  |  |  |
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| From:       |  | To:       |

**Standard Agency Application Form**

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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 likebathing or changing underwear |  | *
 |
| 2. | Need prompting  |  |       |
| 3. | Able to look after personal hygieneindependently |  |       |
| B. | Cooperation inward 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. | Drugcompliance:  | 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 towardsplacement:  | 1. | Resists the idea |  | *
 |
| 2. | Will do whatever is suggested |  |       |
| 3. | Welcomes the idea |  |       |
| F. | Moneymanagement:  | 1. | Spends appropriately |  | *
 |
| 2. | Reluctant to spend |  |       |
| 3. | Fails to keep money |  |       |
| G. | Nursing caredependency:  | 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:       |

**Standard Agency Application Form**

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: |        |
|       |
|       |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Referring OT: (Signature) |       |  | Name in BLOCK: |        |
| Tel. no.: |        | ext: |        |  | Ward / Team / Unit: |        | Date: |        |