**RESTRICTED**

Report on Case Intake / Discharge

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  |  |  | To: | Central Referral System for Rehabilitation Services  Subsystem for the Ex-Mentally Ill  Social Welfare Department  Room 901, 9/F Wu Chung House  213 Queen's Road East, Wanchai, Hong Kong |
|  | *(Name of Rehabilitation Unit)* |  |  |  |
|  |  |  |  |  |
|  | *(Name of Organisation)* |  |  |  |
| Our Ref.: |  |  |  |  |
| Tel.: |  |  |  | Your Ref.: |  |
| Fax: |  |  |  | Tel.: | 2892 5136 |
| Date: |  |  |  | Fax: | 2893 6983 |
|  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of applicant: | |  | | | | HKIC No.: |  | | | | CRSRehab No.: | | D |
|  |  | | |  | | | | |  | | | | |
| Please be informed the above-named case has been: (✓ in the appropriate box) | | | | | | | | | | | | | |
|  |  | | |  | | | | |  | | | | |
|  | **admitted** into service on | | |  | | | | | *(date)*. | | | | |
|  |  | | | | | | | | | | | | |
|  | **rejected** upon intake assessment due to: | | | | | | | | | | | | |
|  | no vacancy | | | | | | | unstable mental / emotional condition | | | | | |
|  | low ability / no motivation for training | | | | | | | health problem | | | | | |
|  | severe behavioral problem (please specify): | | | | | | | others (please specify): | | | | | |
|  |  | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
|  | **self-withdrawn** by applicant due to: | | | | | | | | | | | | |
|  | unfavourable location | | | | | | | refuse to attend pre-admission interview | | | | | |
|  | claim to have no day and / or residential service need | | | | | | | refuse to follow the regulation | | | | | |
|  | the family rejects the placement offer | | | | | | | lost trace | | | | | |
|  | prefer to live with family / take care by family members | | | | | | | | | | | | |
|  | open employment / supported employment ( for sheltered workshop applicant only) | | | | | | | | | | | | |
|  | refuse to give reason | | | | | | |  | | | | | |
|  | others (please specify): | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
|  | **reserved** due to no immediate vacancy but would be admitted within 1 month. | | | | | | | | | | | | |
|  | The admission is scheduled on | | |  | | | | | | *(date)* | | | |
|  |  | | | | | | | | | | | | |
|  | **temporarily hospitalized**: (not applicable to the applicants who are admitted to psychiatric hospital or psychiatric  ward of general hospital, please refer to CRSRehab Manual of Procedures): | | | | | | | | | | | | |
|  | Name of Hospital: | | |  | | | | | | | | | |
|  | Admission date: | | |  | | | | | | | | | |
|  | Diagnosis / Treatment required: | | |  | | | | | | | | | |
|  |  | |  | | | | | | | | | | |
|  | **discharged** from our service on | | | |  | | | | *(date)* due to: | | |  | |
|  |  | | | | | | | | | | | | |

|  |  |
| --- | --- |
| Signature: |  |
| Name: |  |
| Post: |  |

c.c. Referring office