

**CENTRAL REFERRAL SYSTEM FOR REHABILITATION SERVICES
SUBSYSTEM FOR THE EX-MENTALLY ILL (CRSRehab-ExMI)
REGISTRATION FORM**

Name of Applicant: _____
(This part should be completed for facsimile purpose)

Instruction: Please use BLOCK LETTERS to fill the information or give a '√' in the boxes, whichever is required.

Part A

A. Source of Referral

Case reference no. _____
Name of referrer _____ Signature _____
Office / Centre _____ [] [] []
Tel. no. _____ Fax no. _____ Date _____

B. Personal Particulars

1. Name of applicant: _____ (_____)
2. HKIC No.: _____
3. Date of birth: _____ (DD/MM/YYYY) 4. Sex: _____ [] []
5. Residential district: _____ [] []
6. Whether the client is living in institution or hospital? No, Yes Since (D/M/Y) _____
Name of institution or hospital: _____ [] [] []
7. Medical History:
Psychiatric diagnosis: _____ [] []
Onset of mental illness in: _____ (YYYY)
Other illness, please specify: _____ [] []

A. Conditional discharge	/	B. Unconditional discharge
A. Intensive care case	/	B. Non-intensive care case
		B.1. Special care case
		B.2. Conventional care case
		C. Ex-intensive care case
		A. Yes N. No

Other medical history	A. Anti-social behavior	B. Suicidal tendency
	C. Drug addiction	D. Alcoholism
	E. Sexual deviation	F. Others _____
8. Whether the case has been consulted with the case medical officer? Yes or No
9. Other conditions
Ex-offender N. No A. Yes, with imprisonment B. Yes, without imprisonment
Member of Triad Society N. No A. Yes

C. Particular of placement required

1. Day Placement (please select by ticking one type of day placements only)

Code	Service Type	1 st Location Preference			2 nd Location Preference			3 rd Location Preference		
B	Sheltered Workshop									
	For internal use only	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

2. Residential Placement (please select by ticking one type of residential placements only)

Code	Service Type	1 st Location Preference			2 nd Location Preference			3 rd Location Preference		
C	Halfway house [Subvented]									
L	Halfway house [Subvented + Bought Place Scheme for Private Residential Care Homes for Persons with Disabilities]									
E	Halfway house with special provision (previously known as Purpose-built Halfway House)									
G	Long Stay Care Home [Subvented]									
H	Long Stay Care Home [Subvented + Bought Place Scheme for Private Residential Care Homes for Persons with Disabilities]									
I <input type="checkbox"/>	Supported Hostel [Subvented]									
N	Supported Hostel [Subvented + Bought Place Scheme for Private Residential Care Homes for Persons with Disabilities]									
	For internal use only	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

D. Priority Placement (Endorsed by)

Whether the client is in need of priority placement? N. No A. Yes (If yes, please give reason)

E. Declaration

Referrer has declared that there is no conflict of interest in handling this application. Referrer is not a family member or personal friend of the applicant and has no personal or social ties with the applicant.

Endorsed by:	Prepared by:
Signature: _____	Signature: _____
Name: _____	Name: _____
Designation: _____	Designation: _____
Office: _____	Office: _____
Date: _____	Date: _____

*Please delete as appropriate

List of Location Preferences Codes

List of Residential District Codes

<u>District</u>
HC - Central & Western
HE - Eastern
HI - Islands
HS - Southern
HW - Wan Chai
EK - Kwun Tong
ES - Sai Kung
EO - Tseung Kwan O
EW - Wong Tai Sin
WK - Kowloon City
WM - Mongkok
WS - Shamshuipo
WY - Yau Ma Tei
NK - Kwai Tsing
NW - Tsuen Wan
NO - Ma On Shan
NN - North (Sheung Shui, Fanling)
NS - Shatin
NT - Tai Po
NU - Tin Shui Wai
NM - Tuen Mun
NY - Yuen Long