Address: G/F, No.29, Cherry Mansion, Oak Street, Tai Kok Tsui, Hong Kong.
Website: http://www.impacthk.org
A registered charitable institution exempts from tax under Section 88 of the Inland Revenue Ordinance (File No.: 91/15122)

Confidential

ImpactHK Tel: 2448 5205 E-mail: services@impacthk.org

Case Referral Form

1. Basic information

Name:（Chinese） (English）		Sex： M/F	Age：
Address：	Contact no.：	DOB (yyyy/mm/dd):	
	Consent is given for direct contact? □ Yes / □ No		
HKID no. _____or Other identification： _____		Nationality：	
Educational level：	□ Illiterate □ Semiliterate □ Literate (highest education level： _____)		
Verbal：	□ Talkative □ Fair □ Aphasia	Language: □ Cantonese □ Mandarin □ English □ Others: _____	
Hearing：	□ Clear □ Tinnitus □ Better on the right □ Better on the left □ Hearing loss/ deaf		
Emergency contact	Name:	Relationship:	Tel：
Source of initial contact	□ Word of mouth	□ Referral： _____	
Being support from any other NGO/agency?	□ Yes, please specify： _____	□ No	

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2. Physical and Social status

Physical:	□ Very good	□ Good	□ Average	□ Poor	□ Very poor, reason(s):_____	
Any illness:	□ Rheumatism	□ Joint Pain	□ Stroke	□ Cardio condition	□ Diabetes	□ Hypertension/Hypotension
	□ Cataract	□ Gout	□ Glaucoma	□ Deaf	□ Cancer	□ Nil
	□ Other: _____					
Emotion:	□ Very stable	□ Stable	□ Average	□ Unstable	□ Very unstable	
Psychiatric diagnosis:	□ Yes, please specify, □ Bipolar disorder □ Psychotic □ Depression □ OCD □ ASD □ Hoarding □ Other：(_____)			□ Nil		
Mobility:	□ Good	□ Weak but without the need of walking aid	□ Weak and in need of walking aids: □ Walking stick □ Quad cane □ Walking frame □ Wheelchair □ Other:_____			
Eating：	□ Very good	□ Good	□ Average	□ Poor	□ Very poor	
Hygiene:	□ Very good	□ Good	□ Average	□ Poor	□ Very poor	
Social：	□ Very good	□ Good	□ Average	□ Poor	□ Very poor	
Religion:	Yes, please specify:_____		□ Nil			

3. Employment and Financial status

Employment ：	□ Full-time	□ Part-time	□ unemployed	
Monthly income：	□ < 5,000	□ 5,000-10,000	□ 10,000-20,000	□ 20,001+
On debt：	□ Yes, amount: _____		□ Nil	
CSSA：	□ Yes, reference no.： _____		□ Nil	

4. Last housing condition

Stable housing	□ Yes	□ No		
If yes, type:	□ Self-owned property	□ Public housing unit	□ Guest room/Inn	□ Other：_____
If no, type:	□ Friend's place	□ Park	□ Tunnel	□ Other：_____
Estimated length of accommodation service needed：	□ 1 month	□ 3 months	□ more than 6 months	

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5. Criminal record

Any criminal conviction within the past 1 year：	□ Yes, please specify the type of crime (e.g sexual violence, drug-related, technology crime) and sentence length: _____ _____ _____ _____	□ Nil	□ unknown

6. History of substance use

Use of any psychotropic substance in the past 1 year：	□ Yes, please fill in section 6.1	□ No

6.1 Substance use patterns

Type of drug:	Less than once per month	Less than once in 2 weeks	1-2 times a week	3-5 times a week	More than 6 times a week
Cannabis	□	□	□	□	□
Ketamine	□	□	□	□	□
Ice	□	□	□	□	□
Cocaine	□	□	□	□	□
Heroin	□	□	□	□	□
Coughing medicine	□	□	□	□	□
Ecstasy	□	□	□	□	□
Others：_____	□	□	□	□	□

7. Alcohol

Any use of alcohol in the past 6 months：	□ Yes, please fill in section 7.1	□ No

7.1 Alcohol use patterns

Less than once per month	Less than once in 2 weeks	1-2 times a week	3-5 times a week	More than 6 times a week
□	□	□	□	□

8. Risk (Self-harm/suicide)

Any suicidal ideation in the past 6 months：	□ Yes, please fill in section 8.1	□ No

8.1 Frequency:

Less than once per month	Less than once in 2 weeks	1-2 times a week	3-5 times a week	More than 6 times a week
□	□	□	□	□

9. Any other additive conditions (e.g gambling, sex, online, shopping etc)：

_____

10. Background and need assessment：

_____

_____

_____

_____

_____

_____

11. Family background：

_____

_____

_____

_____

_____

12. Referral worker's assessment/ recommendation/ co-work plan:

_____

_____

_____

_____

_____

_____

Name of referral worker：_____ Position：_____
Name of agency：_____ Contact tel：_____
Will the referral worker/agency continue to support the client?
□ Yes / □ No, reason(s):_____
Date of referral：_____

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To be filled in by ImpactHK, recommended services,

□ Accept □ Decline □ Refer to other NGO/agency:_____

□ Other：_____

Recommendation：

_____
_____

Signature of caseworker: _____
Name of caseworker: _____
Date: _____

Signature of Program Manager (Casework): _____
Name of Program Manager (Casework): _____
Date: _____