表格一經填寫

即成保密文件

**服務申請轉介表格**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(1) 服務申請人基本資料** | | | | | | | | | | | |
| 姓名/化名 (中文) ： | | | | | | (英文) ： | | | | | 性別： |
| 出生日期 (年齡)： | | | ( ) | 職業： | | | | 就讀學校/班級： | | | |
| 住址： | | | | | | | | | | | |
| 聯絡電話 (家)： | | | | | | | (手提號碼)： | | | | |
| **(2) 濫用藥物資料** | | | | | | | | | | | |
| 懷疑濫藥種類：(可☑多項) □氯胺酮 □冰 □可卡因 □Fing頭丸 □大麻  □安眠藥 □咳藥水 □天拿水 □其他： | | | | | | | | | | | |
| 用藥歷史： | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **(3) 工作員評估 / 建議** | | | | | | | | | | | |
|  | | | | | | | | | | | |
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| **(4) 服務需求** (如服務申請人要求的服務類別、即時需要等) | | | | | | | | | | | |
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|  | | | | | | | | | | | |
| **(5) 其他資料** (如服務申請人身體機能情況、精神狀態、感化記錄等) | | | | | | | | | | | |
| 已轉介的服務： 🞎物質誤用診所 🞎醫務社工 🞎綜合家庭服務中心 🞎其他： | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **(6) 如曾聯絡本中心社工，** | | 社工姓名： | | | | | | | | 日期： | |
| **(7) 轉介機構資料** | | | | | | | | | | | |
| 轉介者姓名： | | | | | 電話： | | | | | 傳真： | |
| 職位： | 機構： | | | | | | | | | 電郵： | |
| 轉介者簽名： 日期： | | | | | | | | | | | |
| 此欄由本中心職員填寫 檔案編號： | | | | | | | | | 轉介日期： | | |

**CONFIDENTIAL**

**Service Referral Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(1) Service Applicant Information** | | | | | | | | | | | | |
| Name / Nickname (Chi) : | | | | | | (Eng) : | | | | | | Gender : |
| D.O.B. (Age) : | | ( ) | | Occupation : | | | | School/Class : | | | | |
| Address : | | | | | | | | | | | | |
| Telephone (Home) : | | | | | | | (Cell Phone) : | | | | | |
| **(2) Information on Substance Abused** | | | | | | | | | | | | |
| Suspected Substance：(☑ if abused) □ Ketamine □ Ice □ Cocaine □ MDMA  □ Cannabis □ Barbiturates □ Cough Medicine □ Organic Solvents □ Others : | | | | | | | | | | | | |
| Drug taking history : | | | | | | | | | | | | |
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|  | | | | | | | | | | | | |
| **(3) Worker’s Assessment/Recommendations** | | | | | | | | | | | | |
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| **(4) Service Need** (e.g. Services requested by applicant, immediate needs, etc.) | | | | | | | | | | | | |
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|  | | | | | | | | | | | | |
| **(5) Other Information** ( e.g. Physically illness, mental health, Probation Order, etc.) | | | | | | | | | | | | |
| Other referred services：🞎SAC 🞎MSW 🞎IFSC 🞎Others： | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **(6) Sane Worker contacted (if any),** | | | Name of worker: | | | | | | | | Date: | |
| **(7) Referred by** | | | | | | | | | | | | |
| Name : | | | | | Tel. : | | | | | Fax. : | | |
| Post : | Agency : | | | | | | | | | Email : | | |
| Signature : Date : | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Sane Centre’s use / code： | | | | | | | | | Date : | | | |