

For Office Use Only	File no. : Date of Referral :
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Hong Kong Lutheran Social Service  
Cheer Lutheran Centre

Case Referral Form

Referral Agency : _____
Referral Social Worker (Name) : _____ (Tel) : _____ (Fax) : _____
Signature of Supervisor/Responsible worker : _____ Date : _____

Name of Client : \_\_\_\_\_ (Chinese) \_\_\_\_\_ (English)

Sex : \_\_\_\_\_ Age : \_\_\_\_\_ Tel : \_\_\_\_\_

Address : \_\_\_\_\_

Occupational Status :  Student Year \_\_\_\_ / Name of school \_\_\_\_\_

Working Nature of job : \_\_\_\_\_

Others Please specify : \_\_\_\_\_

Types of Clients :  Habitual Abusers  Occasional Abusers  Potential Abusers

Types of Drug(s) Abused ( can ✓ more than one item ) :  Cannabis  Amphetamines (Ice)

Cough Medicine  MDMA  Ketamine (K)  Cocaine  Organic Solvents

Benzodiazepines  Heroin/Methadone  Others: \_\_\_\_\_

Abuse Frequency ( for reference only ) : \_\_\_\_\_

Social Background : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason(s) of Referral : \_\_\_\_\_

\_\_\_\_\_

Remarks : \_\_\_\_\_

For any other information, please contact us at Tel :2660 0400, Fax :2662 0444