

S.K.H. HOLY CARPENTER CHURCH DISTRICT ELDERLY COMMUNITY CENTRE
(OPERATED BY H.K.S.K.H. WELFARE COUNCIL LIMITED)

Jockey Club Community Support Project for Children with Medical Complexity

TEL no : 5533 1405 Fax no : 2362 3005

Address : Flat 11A, 10/F, Tower A, Hunghom Commercial Centre, 39 Ma Tau Wai Road, To Kwa Wan, Kowloon.

Case Referral Form

Case information

Case no : _____ By CCMC

Referral date : _____ Referral Unit/Hospital : _____

Contact person(Staff) : _____ Rank : _____ Tel : _____ Fax: _____

Name	Sex	Relationship	D.O.B	ID	Phone Number
(Patient)					
(Carer)					

Patient/ Carer address : _____

1. Where is the patient at present?

Hospital Home Special School (Name: _____) Others _____

2. Medical History:

Diagnosis: _____ Date of diagnosis: _____

Cancer: (Primary) _____ Site of Metastasis: _____

Non-cancer:

3. Present medication:

4. Reasons for referral:

Counselling Home Visit Sibling Support Financial Support Traveling Allowance

Community Service Referral Home Care Service Programme / Activity Dream Realization

Family Photo Taking Faith/ Spiritual Support Funeral Support Bereavement Support

Others: _____

5. Present condition: (Please attach recent discharge summary if any)

Any Infectious Disease? No Yes (If Yes, please specify): _____

Any Palliative nurse follow up? No Yes (If Yes, please specify): _____

Any CNS nurse follow up? No Yes (If Yes, please specify) : _____

6. Parent's consent for referral (verbal): Yes No

N.B.: Please fax this form and discharge summary (if any) to 23623005, CCMC will reply within one week

Date of referral received: _____

表格編號：CCMC-002-02 (Eng)

個案轉介表

個案資料

(由轉介機構／醫院職員填寫)

個案編號：_____ (由服務提供機構填寫)

轉介日期：_____ 轉介機構／醫院：_____

轉介職員：_____ 職位：_____ 聯絡電話：_____ 傳真：_____

姓名	性別	與病人關係	出生日期	身份證號碼	聯絡電話
(病人)					
(聯絡人)					

病人地址：_____

聯絡人地址：_____

個案概況：

1. 診斷 Diagnosis: _____

癌症個案：原發性(Primary) _____ 擴散位置：_____

非癌症個案：_____

疾病診斷日期：_____

2. 個案病歷記錄：_____

3. 現時服藥資料：_____

4. 建議提供之服務：

情緒支援及輔導 探訪 兄弟姊妹支援 經濟緩助 交通津貼

社區資源轉介 家居支援 小組及活動 願望實踐 家庭照活動

信仰及心靈關顧 殯儀諮詢 喪親支援 靈性支援

其他：_____

5. 病童及家庭現時的情況：_____

病人是否患有傳染病？ 否 是 (如有，請註明) _____

病人是否有紓緩科護士跟進？ 否 是 (如有，請註明姓名及聯絡方法) _____

病人是否有社康護士跟進？ 否 是 (如有，請註明護理內容) _____

父母/照顧者/監護人已答應提供個人資料作服務轉介之用。 是，同意 否，不同意

請連同此表格及出院摘要 (如有)，傳真至 23623005，「友晴同路」收到後七個工作天內回覆。

接收表格日期：_____

表格編號：CCMC-002-02 (Chi)