Report on Case Intake/Discharge

(Admission and discharge of cases should be reported within 3 working days)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  |  |  | To: | Central Referral System for  Rehabilitation Services |
|  | *(Name of Service Centre/Service Team)* |  |  |  | Subsystem for Disabled Pre-schoolers (CRSRehab-PS) |
|  |  |  |  |  | 9/F Wu Chung House |
|  | *(Name of Organisation)* |  |  |  | 213 Queen’s Road East |
| Our Ref.: |  |  |  |  | Wan Chai, Hong Kong |
| Tel.: |  |  |  |  |  |
| Fax: |  |  |  | Tel.: | 2892 5139 |
| Date: |  |  |  | Fax: | 2119 9035 |
|  |  |  |  |  |  |

1. Case information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | HKBC No.: |  | CRSRehab-PS No.: |  |

1. Please indicate if the child’s parents are Mainlanders and non-Hong Kong residents:

|  |  |
| --- | --- |
|  | No  Yes, please specify: both parents father only mother only |

1. Please be informed that the above-named case has been:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | admitted into our Service Centre/Service Team and received service from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(date)*.\* | | | |
|  | rejected upon case screening due to: | | | |
| parents do not turn up for | severe behavioural problem, please specify: | | |
|  | admission assessment |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | health problem | not studying/will not study at a | | |
|  |  | KG/KG-cum-CCC served by our Service Team | | |
|  | others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | self-withdrawn by applicant upon case screening due to: | | | |
| unfavourable location | applicant/family members do not disclose any reason | | |
|  | lost trace | not studying/will not study at a | | |
|  |  | KG/KG-cum-CCC served by our Service Team | | |
|  | others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | applicant is temporarily hospitalised. | | | |
|  | discharged from our service on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(date)* due to: | | |  |
| over-age/promotion to P.1 | applicant changes the need for other service, | | |
|  | applicant/family leaves HK | please specify: | | |
|  | no longer studying at the KG/KG-cum-CCC served by our Service Team | | | |
|  | others, please specify: | | | |

1. For enquiry, please contact my staff Mr/Miss/Mrs/Ms by phone at .

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Signature: |  |
|  |  | Name: |  |
| c.c. Referring office: |  | Post: |  |
| (Case ref.: | ) |  |  |

\* Rehabilitation units are reminded to notify CRSRehab-PS by submitting Form 9 only after the admission process has been completed.