香港復康會
The Hong Kong Society for Rehabilitation
鄭德炎日間復康護理中心
Cheng Tak Yim Day Rehabilitation & Care Centre

Address: 7 Rehab Path, Lam Tin, Kowloon, HK
地址：九龍藍田復康徑 7 號香港復康會藍田綜合中心地下 7 室
電話 Tel: 2534 3535　傳真 Fax: 2872 4722
電郵 Email: cty@rehabsociety.org.hk

病人姓名 Name of Client:
性別/年齡 Sex/Age:
地址 Address:

電話 Tel:

請貼上附有病人聯絡資料的標貼
OR Affix **FULL Gum Label** with Patient's contact information

## 轉介書 Service Referral

診斷及有關病歷 **Diagnosis and Medical History:**

Date of Next follow Up (if any) : _____

**X-光 / 其他診斷結果 X-ray / Other clinical Findings:**

備註 **Precautions / Contraindications / Remarks:**

**Type(s) of Services Recommended:**

- ☐ Centre based integrated rehabilitation services
  - Physical reconditioning, ADL training, cognitive rehabilitation, individual counselling etc.
- ☐ Caregiver training and support
  - care coaching for caregiver, family counseling
- ☐ Vocational rehabilitation services
- ☐ Community reintegration
  - community living skill, adjustment to lifestyle changes etc
- ☐ Community support groups/resources
- ☐ Education on self-management of disease
- ☐ Home modification (pls specify: _____)

**Specific Goal(s) to be achieved (if any):**

Recommended duration for review : _____weeks

## Referrer's Information

Hospital / Clinic :
Contact Telephone No :
Fax No :
☐ Relevant Information/ Document Attached

Name of Referrer : _____
Profession: ☐ Medical Doctor ☐ Physiotherapist ☐ Occupational Therapist ☐ Nurse

Signature: _____ _____
Date: _____ Hospital/Clinic Chop **(Essential Item)**

## Reply Slip

Result of Service Referral

☐ Initial contact on : _____
☐ Admitted for service on: _____
☐ Rejected/Self withdrawal
☐ On Waiting List Approx. _____ weeks

Name of staff:
Title:

Signature: _____ Date: _____

Please fax referral to The Hong Kong Society for Rehabilitation (Fax: 2872 4722)