

Case no: _____

Date of intake: _____

St James' Settlement
Mental Health Services

Appendix 2

CONFIDENTIAL



3C Project

(Community Collaborative Care for Mental Health Project)

Tel: _____

Fax: _____

Email: _____

Case Referral Form

A) Referrer Information:

Name of referrer: _____ Post: _____

Agency / Unit: _____

Address: _____

Tel. No.: _____ Office: _____ Fax: _____ Email: _____

B) Information of referred services user:

Name: _____ Chinese: _____ English: _____

Sex / Age: _____

Address: _____

Tel. No.: _____ Home: _____ Mobile: _____

C) Referral Summary:

PHQ9 : _____ Q9 : _____

GAD7 : _____

Major stressor:

Mental state:

Current situation:

Suggestion:

D) Consent

Consent of applicant *has been / has not been obtained for case referral.

Referrer Signature : _____ Name: _____ Date: _____