

For Office Use Only	File no. : Date of Referral :
------------------------	----------------------------------



Hong Kong Lutheran Social Service
Evergreen 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 : _____