**RESTRICTED**

**Report to CRSRehab-VI on Case Intake/Discharge**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From: |  |  | To: | Central Referral System for Rehabilitation Services  Subsystem for Elderly Persons with Visual Impairment (CRSRehab-VI)  Social Welfare Department  Room 901, 9/F Wu Chung House  213 Queen's Road East, Wanchai, Hong Kong |
|  | *(Name of Rehabilitation Unit)* |  |
|  |  |  |
|  | *(Name of Organisation)* |  |
| Ref: |  |  |
| Tel: |  |  |
| Fax: |  |  | Tel: | 2892 5136 |
| Date: |  |  | Fax: | 2893 6983 |
|  | | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | HKIC No.: |  | CRSRehab No.: |  |

Please be informed the above-named case has been:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **admitted** into service from | |  | | | | *(date).* | |
|  |  | | | | | | | |
|  | **rejected** upon case screening due to: | | | | | | | |
|  | unstable mental/emotional condition | | | | acute health problem | | | |
|  | no vacancy | | | | severe behavioral problem (please specify): | | | |
|  | health condition does not meet the admission criteria | | | | | | | |
|  | others (please specify): |  | | | | | | |
|  |  | | | | | | | |
|  | **self-withdrawn** by applicant upon case screening due to: | | | | | | | |
|  | no immediate need for service | | | | prefer to live with/cared by family members | | | |
|  | unfavourable location | | | | lost trace | | | |
|  | applicant/family members do not disclose any reason | | | | | | | |
|  | others (please specify): |  | | | | | | |
|  |  | | | | | | | |
|  | **temporarily hospitalized**: | | | | |  | | |
|  | Name of Hospital: |  | | | | | |
|  | Admission date: |  | | | | | |
|  | Diagnosis/Treatment required: |  | | | | | |
|  |  | | | | |  | |
|  | **discharged** from our service on | | |  | | *(date)* due to: | | |
|  | formally discharge (please specify reason) | | | | |  | | |
|  | internally transfer (please specify the rehabilitation unit) | | | | |  | | |
|  |  | | | | |  | | |

|  |  |
| --- | --- |
| Signature: |  |
| Name: |  |
| Post: |  |

c.c. Referring office: (case ref.       )