**RESTRICTED**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From: |       |  | To: | Central Referral System for Rehabilitation ServicesSubsystem for Elderly Persons with Visual Impairment (CRSRehab-VI)Social Welfare DepartmentRoom 901, 9/F Wu Chung House213 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| [ ]  | **self-withdrawn** by applicant upon case screening due to: |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.       )