

**Hong Kong Christian Service**  
**Centre for Harmony and Enhancement of Ethnic Minority Residents (CHEER)**  
**Form C08 : Case Referral Form 個案轉介表**  
**(For outside agency)**

**Part I: Client Information 個案資料**

Case Ref. No 參考編號 : \_\_\_\_\_  
 (by CHEER Staff / 由本處職員填寫)

|                      |              |         |
|----------------------|--------------|---------|
| Name of client 案主姓名: | Age 年齡:      | Sex 性別: |
| Address 地址:          |              |         |
| Nationality 國籍:      | Religion 宗教: |         |
| Tel 電話(1):           | Tel 電話(2):   |         |

|                              |
|------------------------------|
| Summary of Problems 問題概述:    |
| Preliminary Assessment 初步評估: |
| Other Information 其他資料:      |

**Part II: Referrer Information 轉介機構資料**

|                              |                     |
|------------------------------|---------------------|
| Name of Agency/Unit 機構/單位名稱: |                     |
| Name of Staff 同工姓名:          | Referral Date 轉介日期: |
| Tel. No. 聯絡電話:               | Fax No. 傳真:         |

**Part III: To be filled by CHEER staff 由本單位職員填寫****Assignment of duty:**

|                               |       |
|-------------------------------|-------|
| Follow-up action assigned to: |       |
| Supervisor's signature        | Date: |

(A copy of this form with Assigned Staff detail should be set to referring organization for their record.)

**Follow up report: (To be completed by responsible staff within 5 days of assignment)**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | No need to follow up  |
| <input type="checkbox"/> | Refer out to:   |
| <input type="checkbox"/> | Further needs exploration (Please complete Form C03 Part I) |
| Follow up worker:        | Date of report of follow up:                                |
| Endorsed by Supervisor:  | Date:   |