

**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: