

S.K.H. HOLY CARPENTER CHURCH DISTRICT ELDERLY COMMUNITY CENTRE

(OPERATED BY H.K.S.K.H. WELFARE COUNCIL LIMITED)

Jockey Club Community Paediatric Palliative Care Programme

TEL no : 55331405 Fax no : 23623005

Address : Flat 11A, 10/F, Tower A, Hunghom Commercial Centre, 39 Ma Tau Wai Road, To Kwa Wan, Kowloon.

**Case Referral Form**

**Case information**

Case no : \_\_\_\_\_ By CPPC

Referral date : \_\_\_\_\_ Referral Unit / Hospital : \_\_\_\_\_

Contact person (Staff) : \_\_\_\_\_ Rank : \_\_\_\_\_ Tel : \_\_\_\_\_ Fax: \_\_\_\_\_

Name	Sex	Relationship	D.O.B	TEL/ Mobile
(Patient)				
(Carer)				

Patient/ Carer address : \_\_\_\_\_

1. Where is the patient at present?

Hospital  Home  Special School (Name: \_\_\_\_\_)  Others \_\_\_\_\_

2. Medical History:

Diagnosis: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_

Cancer: (Primary) \_\_\_\_\_ Site of Metastasis: \_\_\_\_\_

Non-cancer:

3. Reasons for referral:

Counselling  Home visit  Bereavement support  Faith/ Spiritual support

Others: \_\_\_\_\_

4. Present medication:

\_\_\_\_\_  
\_\_\_\_\_

5. Present condition: (Please attach recent discharge summary if any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Infectious Disease? No  Yes  (If Yes, please specify): \_\_\_\_\_

Any Palliative nurse follow up? No  Yes  (If Yes, please specify): \_\_\_\_\_

Any CNS nurse follow up? No  Yes  (If Yes, please specify) : \_\_\_\_\_

6. Parent's consent for referral (verbal):  Yes  No

**N.B.: Please fax this form and discharge summary (if any) to 23623005, CPPC will reply within one week**

Date of referral received: \_\_\_\_\_

表格編號 : CPPC-002-01 (Eng)

個案轉介表

**個案資料**

(由轉介機構／醫院職員填寫)

個案編號：\_\_\_\_\_ (由服務提供機構填寫)

轉介日期：\_\_\_\_\_ 轉介機構／醫院：\_\_\_\_\_

轉介職員：\_\_\_\_\_ 職位：\_\_\_\_\_ 聯絡電話：\_\_\_\_\_ 傳真：\_\_\_\_\_

姓名	性別	與病人關係	年齡	身份證號碼	電話
(病人)					
(聯絡人)					

病人地址：\_\_\_\_\_

聯絡人地址：\_\_\_\_\_

個案概況：

1. 診斷 Diagnosis:

癌症個案：原發性(Primary)\_\_\_\_\_ 擴散位置：\_\_\_\_\_

非癌症個案

1.1 個案病歷記錄：\_\_\_\_\_

1.2 現時服藥資料：\_\_\_\_\_

病人是否患有傳染病？ 否  是  (如有，請註明)：\_\_\_\_\_

病人是否有紓緩科護士跟進？ 否  是

病人是否有社康護士跟進？ 否  是  (如有，請註明護理內容)\_\_\_\_\_

**建議提供之服務**：

輔導及個案服務：  輔導  探訪  喪親支援 靈性支援：  信仰及心靈關懷

其他：\_\_\_\_\_

病人/照顧者/監護人同意提供個人資料給服務提供機構，作服務轉介服務之用。

同意服務  不同意服務

請連同此表格及出院摘要 (如有)，傳真至 23623005，「友晴同路」收到後七個工作天內回覆。

**備註**：主要聯絡之醫生/ 社工/ 醫護人員 姓名：\_\_\_\_\_ 電話：\_\_\_\_\_