

## Medical Record/Referral Form

<b>Application's information</b>		E.A.S.Y. case    YES   /   NO	
Name (English) (Chinese)	HKID	Sex	DOB(DD/MM/YYYY)
Education Level	Employment Status	Contact No. (Mobile) (Home)	
Address			
Carer's Name	Relationship	Tel No.	

### Psychiatric and Medical History

Diagnosis	Case Nature (Ordinary / Target / Sub-target / Others : _____ )
Intelligence (Normal / Borderline / Mild / Moderate / Severe)	Month / Year of Onset
Reason for last admission	No. of Admission(s)
Current symptoms, if any	
Other medical illness(es) or disability	
Current treatment	Response to Treatment
	Prognosis

Risk Factors	Current	History	Remarks
Suicidal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical / Sexual abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Offender <input type="checkbox"/> Victim <input type="checkbox"/>
Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Functioning	No Impairment	Mild	Moderate	Severe
Relationship / Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job / School Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities of Daily Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hobbies / Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Additional Remarks (Service referred for)

<input type="checkbox"/> Social Skills Training	<input type="checkbox"/> Leisure and Recreational Activity	<input type="checkbox"/> Academic Support
<input type="checkbox"/> Employment Training	<input type="checkbox"/> Personal Development	<input type="checkbox"/> Others: _____
Recommendations		

### Referrer Information

Name:	CMO / Nurse / MSW / OT / Others: _____	
Organization	Tel. No.	Fax No.
Signature	Date	

Please complete the record and **FAX** to Youth Outlook at 2647-4990

(Direct tel. No.: 2647-4992)