**Case Information：**

|  |  |
| --- | --- |
| Name：　　　　　 (Chinese) 　　 　 　 (English) | HKID：  |
| Sex／Date of Birth(Age)： / Tel(Home)：  | Tel(mobile)：  |
| Address：　　　　　　　　　　  | Occupation：  |
| Marital Status：＊Single / Cohabiting / Married / Divorced / Widowed /  | Educational level：  |
| \*Yes/No Under Probation Order? | Termination of Probation Period(If applicable)：  |
| \*Yes/No Awaiting Court Hearing? | Court Hearing Date (If applicable)：  |

＊Delete as appropriate

|  |  |
| --- | --- |
| **Drug use history：** | Type1: 　Dosage: 　Age of First Try:  |
|  | Type2: 　Dosage: 　Age of First Try :  |
| **Personal / Family background：** |    |
| **Supplementary information：**  |    |

|  |  |  |
| --- | --- | --- |
| **Location Preference：** | notickHong Kong Center | notickKowloon Center |
| **Service Requirement:**  | **Case Service**Drug user/Ex-drug user Counselling | notickFamily Counselling |  |
| **Supportive Service*** Medical Support Service(Body Checking and Medical Referral)
* Peer Support Service
* Family Aide Service
 |
| **Group Work Service** notickPsycho-Educational Group for Adverse Experience notickGroup for Body-Mind AwarenessnotickTherapeutic Group forCodependency | notickRelapse Prevention  GroupnotickFamily Mutual Support  Group | notickDevelopmental/ Interest GroupnotickFamily Psycho- Educational Group  |
|  | **Others:**  |
| **Drug Test Requirement :** notickUrine Test notickHair Test  |
|  |

**Information of Referrer：**

|  |  |
| --- | --- |
| Name：　　　　　　　　　　　　　　　  | Organization：　　　　　　　　　　　　  |
| Position：　　　　　　　　　　　　　　  | Date of Referral：　　　　　　　　　　  |
| Contact Number：  | Fax：　  |
| **Staff Only** |
| Responsible Worker：　　　 　 | Supervisor Signature：　　　　  | Date：　　　　  |