**Case Information：**

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| 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：** |  |

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| **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 Awareness  notickTherapeutic Group for  Codependency | | notickRelapse Prevention  Group  notickFamily Mutual Support  Group | | notickDevelopmental/  Interest Group  notickFamily Psycho-  Educational Group | |
|  | **Others:** | | | | | |
| **Drug Test Requirement :** notickUrine Test notickHair Test | | | | | | |
|  | | | | | | |

**Information of Referrer：**

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