

Caritas Family Crisis Support Centre

Medical Report for Physical / Mental Assessment

From: _____
(Name of Duty Medical Officer)

(Name of Hospital / clinic / centre / unit)

Ref.: _____

Tel. No.: _____

Fax. No.: _____

Date: _____

To: Supervisor
Caritas Family Crisis Support Centre

Ref.: _____

Tel. No.: 2383 2122

Fax. No.: 2383 2231

| |
|--|
| Client's name: _____ (_____ Chinese name) |
| Sex / Age: ____/____ |
| HKID No.: _____ () |

The above client requests the admission to your crisis centre, I should be grateful to recommend * / **NOT** to recommend * the client for live-in time-out service by attaching the following assessment.

1. Any diagnosed mental / physical illness * that need our special attention?
 yes: _____ (pls. state clearly the symptoms, e.g. fever, running nose, coughing, fatigue, sneezing, etc.)
 No

2. Any self-harm / suicidal / homicidal tendency *? yes uncertain N.A.

3. Level of consciousness: attentive focused tired inattentive delirium
 Others _____

4. Any signs of unstable emotions?
 No
 yes (What major mood exhibit? depressive manic sadness
 anxiety Others: _____)

5. Any symptoms that suggest mental instability #?
 auditory hallucination visual hallucination delusion
 others: _____ N.A.

6. Are the above symptoms controlled by medication? yes no uncertain

7. Does client have good drug compliance? yes no uncertain

8. Frequency of medical / psychiatric follow-up in your unit:
Once every _____ weeks / months*

9. Any physical disability #? visual impaired hearing impaired verbal impaired
 wheel-chair bound walking stick N.A.

10. Any functional disability #? i.e. unable to:
- have meals regularly prepare meals bath dress up climb stairs
- go out without guidance/escort verbal communication take medicine by oneself
- read / understand rules and regulations Others: _____ N.A.
11. Any signs of self-neglect?
- yes: _____(pls. describe) No
12. Any signs of #:
- restlessness adjustment problem to group living not cooperative
- personality disorder impulsivity none of the above

* please delete where appropriate
 # can tick more than one item as appropriate

Note:
FCSC is a short-term time-out centre which requires client:

- not to have any infectious disease;**
- to be mentally fit;**
- to have adequate self-care ability;**
- to be able to adjust to group living and obey live-in rules;**
- to be able to follow instructions and advice from centre staff**

Prepared on 18/5/2009