CPG 1.1B | Confidential

Tung Wah Group of Hospitals
The Hong Kong Jockey Club Community Project Grant: Parent-Child Interaction Therapy Service
Case Referral Form

Internal Use
Date received:___________
Referral No. :___________

To: TWGHs Centre on Family Development
Unit 109-110, Kwai Yuen House,
Chuk Yuen (South) Estate, Wong Tai Sin, Kln.
Parent-Child Interaction Service
Tel: 2267 6322 Fax: 2194 7311

Application Date: __________________

Part I Referring Agency

Name of Center: __________________________ Telephone: _________________ Case Ref. No.: _______________

Center Address: ____

Name of Referrer: __________________Post Title: ________________ Signature of Referrer: __________________

Name of Supervisor: ________________Post Title: ________________ Signature of Supervisor: ________________

Part II Client's Information (Please ✓ in appropriate boxes)

A. Name of Client: (Chi) ________________________ (Eng): ____________________________________

Sex: _________ Age/Date of Birth: __________________________ HKID No.: _________________________

Marital Status: ☐Single ☐Married ☐Widowed ☐Divorced ☐Separated ☐Co-habited ☐Remarried

Address: (Chi)____

(Eng)____

Correspondence Address (If different from the above) : ____

Type of Housing: ☐Public housing ☐Private housing ☐Home Ownership Scheme

☐Hostel ☐Bed space ☐Others:_________________________

Telephone: (Home) ____________________ (Office) ___________________ (Mobile) ____________________

Job: ___________________ Monthly income: _____________________ Education level: _______________

Income source: ☐Work ☐Saving ☐Retirement Benefit ☐Rental Income ☐ Relatives' support

☐Old Age Allowance ☐CSSA ☐Disability Allowance ☐Others:_________________

Stay in HK: ☐Since birth ☐Arrive at HK since: ______Year (Migrate from: ________________)

Religion: _________________________ Native Place: ________________________ Dialect:_______________

Illness/Disability (If any): ____

B. Name of Child: (Chi) ________________________ (Eng): ____________________________________

Sex: _________ Age/Date of Birth: ______________________ HKID/BC No.: __________________________

School attended: __________________________ Class attended: _____ ☐Full day ☐am session ☐pm session

☐ Diagnosed to have: ☐Attention Deficit and Hyperactivity Disorder (ADHD) ☐Suspected ADHD

☐ADHD features ☐Dyslexia ☐Asperger ☐Autism

☐Oppositional Disruptive Disorder ☐others：_____________________________

Assessment conducted by (agency name, if any)：____

☐ NO formal diagnosis

Illness/Disability (If any): ____

History of child abuse/ corporal punishment (If any): ____

Agreed by MDCC as : ☐Established child abuse case ☐Case with high risk of child abuse ☐Not applicable

Family Composition: (If living apart, please mark # at the front of the name of the family member)

Name (Eng & Chi)	Relationship with client	Sex	Age/Date of Birth	Education level	Job/Schooling	Monthly Income	Others (eg. Disability)

Part III Reasons for Referral to PCIT service

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Part IV Other Important Information

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Part V Client's time available for PCIT service

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
am	☐	☐	☐	☐	☐	☐
pm	☐	☐	☐	☐	☐	☐
evening	☐	☐	☐	☐	☐	☒

Part VI Client's consent for referral

☐Yes ☐No (Reasons:____)

(To be completed by The Hong Kong Jockey Club Community Project Grant: Parent-Child Interaction Therapy Service)

Supervisor	Case Worker
☐Case Assigned to：________________ ☐Comments：________________ ☐Others：________________ Signature：________________ Date：________________	Signature：________________ Name：________________ Post：__________Date：__________

專業轉介初步評檢表

親子互動輔導服務是一個密集式的家長訓練，目的是協助傾向體罰或虐兒的家長建立良好的互動親子關係，以及訓練家長有效地處理兒童的各種問題行為。請利用本初步評檢表，評估　貴單位內有需要的服務使用者，選出合適的家庭以作轉介。

以下參加者均適合轉介：

兒童方面：

1. ☑ 年齡介乎 2 至 7 歲。
2. ☑ 能出席每星期一次的訓練。
3. ☑ 出現以下行為特徵：經常發脾氣、經常不服從指示、對別人有攻擊性行為、不守規則。
4. ☑ 沒有被診斷為患上：重性精神病、自閉症、智障、多重發展遲緩、行動上無法參與遊戲活動。

家長 / 照顧者方面：

1. ☑ 願意參與此輔導計劃及完成輔導員提供的家課。
2. ☑ 是兒童的主要照顧者。
3. ☑ 能出席每星期一次的訓練。
4. ☑ 沒有濫用藥物問題。
5. ☑ 沒有被診斷為：精神病、嚴重抑鬱症、智障、人格障礙、行動上無法參與遊戲活動。
6. ☑ 若兒童為性侵犯個案，參加本計劃的家長必須相信該童對侵犯者的指控。

備註：申請服務的家長需要接受「親子互動輔導服務」社工面談評估，另外需填寫「艾伯克兒童行為量表」及「親職壓力指標」等，以量度兒童行為問題及家長管教壓力的程度。社工將同時根據以上準則，全面考慮申請人接受「親子互動輔導服務」的適切性。