

RESTRICTED

when entered with data

Child Assessment Service Registration Form

To be filled in by CAS staff only:

CAS No. : _____

Registration date: _____

I. Information on child

Name of child
(Surname 1st) : _____ (English) _____ (Chinese if any) Sex : _____

D.O.B. (dd-mm-yy) : _____ Place of birth** : H.K / Mainland China / Overseas

HKID/Birth Certificate No.: _____ OR Other I.D.: _____

Residential Tel. No.: _____ Residential Fax No.: _____

Residential Address :
(Chinese or English)

Child's status: ** HK permanent residence / HK residence / with tourist visa / with dependent visa / with student visa / others

II. Information on Parents

Name of father : _____ (English) _____ (Chinese)

Father's I.D./ passport no. : _____ Date of Birth : _____

Occupation : _____ Contact tel. (office): _____

Education level : _____ Mobile / pager: _____

Father's status: ** HK permanent residence / HK residence / with tourist visa / with working visa / others

Name of mother : _____ (English) _____ (Chinese)

Mother's I.D./ passport no. : _____ Date of Birth : _____

Occupation : _____ Contact tel. (office): _____

Education level : _____ Mobile / pager: _____

Mother's status: ** HK permanent residence / HK residence / with tourist visa / with working visa / others

III. Information on guardian (if both parents are not the legal guardian of the child)

Name of guardian : _____ (English) _____ (Chinese)

Working institution : _____

Contact Tel : _____

Have you ever registered the above-named child or any of his / her sibling(s) at this or another child Assessment Centre?

** Yes / No (If 'Yes', please specify _____)

** Please circle if appropriate

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Note

Please fill in the registration form in **Block** letter and bring along:

- i). Referral letter from a registered doctors or psychologist
 - ii). Birth certificate or identity card of the child (must be original copy)
 - iii). Identity cards of both parents (photocopies are accepted)
 - iv). One recent passport photo of the child, MCHC Child Health Record, immunization record and all specialist follow-up cards
 - v). Residential address proof (photocopies are accepted)
 - vi). Specialist outpatient service fee (HK\$100 for first appointment and HK\$60 for each subsequent consultation)
 - If the child is eligible for Civil Service / Hospital Authority medical benefits, please produce original copy of the child's Birth Certificate or identity proof for inspection. The benefits will be provided subject to verification or provision of valid GF 181, or HA 181 / 182.
 - If the child is a Comprehensive Social Security Assistance recipient and entitled to the waiver of medical charges at a public clinic or hospital, must produce valid Certificate of Comprehensive Social Security Assistance Recipients (for Medical Waivers).
- ✳ During every appointment, parents should bring along the birth certificate / identity card of the child for checking.
- ✳ Parents should inform Child Assessment Centre (CAC) as soon as possible for re-scheduling if their children are not able to attend the original scheduled appointment. Otherwise, the appointment would be cancelled. Parents would need to call CAC to make an appointment again.

Statement of Purposes

Purpose of Collection

1. The personal data are provided by patients and clients with whom the Department of Health (DH) interacts in the delivery of services, and other related activities. The personal data provided will be used by DH for the following purpose:-

- (a) Proof of eligibility;
- (b) Record of test results / examination / investigation / treatment for a continuation of care or reference by other medical professional;
- (c) Consent for particular treatment / tests;
- (d) Epidemiological surveillance;
- (e) Tracing defaulters for follow up / treatment;
- (f) Assessment for social assistance;
- (g) For preparing statistics, carrying out research or teaching purpose;
- (h) For services / manpower development and planning;
- (i) Record of visits / enquiries / complaints by outsiders; and
- (j) To facilitate organization of activities related to health education and community liaison.

✧ The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to prove your eligibility for specific service / activities and cannot provide service / assistance to you or even the service / assistance may still be provided, you will be charged at the non-entitled person (usually higher) rate.

Classes of Transferees

2. The personal data you provide are mainly for use within DH but they may also be disclosed to other Government bureaux / departments or relevant parties for the purpose mentioned in paragraph 1 above, if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

Access to Personal Data

3. You have the right of access and correction with respect to your personal data as provided for in Sections 18 and 22 and Principle 6 Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data. A fee may be imposed for complying with a data access request.

Enquiries

4. Enquiries concerning personal data provided, including the request for access and corrections of data, should be addressed to:

Consultant Paediatrician
Child Assessment Service
2/F, 147L Argyle Street, Kowloon
Telephone: 2246 6659
Web-site: www.dhcas.gov.hk



Pamela Youde Child Assessment Centre (Sha Tin)

2/F, 31-33 Chap Wai Kon Street, Sha Tin, N.T.
Office Hours: Mon-Fri [note] 9 am to 1 pm 2 pm to 6 pm
Tel Nos.: 2210 1600 Fax No.: 2646 6327

[Note] To cater for the needs of some clients, we will operate one morning session on the first non-Public Holiday Saturday of each month in lieu of the previous Friday afternoon session.