

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)

Correspondence Address (if different from above) : _____

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

II. Information on Parents

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

Father's I.D./ passport no. : _____ Occupation : _____

Contact tel. (office) : _____ Mobile / pager : _____

Education level : _____ Date of Birth : _____

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

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

Mother's I.D./passport no. : _____ Occupation : _____

Contact tel. (office) : _____ Mobile / pager : _____

Education level : _____ Date of Birth : _____

Mother' status: ** HK permanent residence / HK residence / with tourist visa / with working visa / with student 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 medical practitioner 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, MCHC Child Health Record, immunization record and all specialist follow-up cards
 - v). Specialist outpatient service fee (HK\$100 for first appointment and HK\$60 for each subsequent consultation) or valid GF181 / HA181 or valid Certificate of CSSA Recipients (for Medical Waiver)
- 甲、 During every appointment, parents should bring along the birth certificate / identity card of the child for checking
- 乙、 Parent 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. Parent 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 purposes: -

- (a) Proof of eligibility;
- (b) Record of test results/examination/investigation/treatment for continuation of care or reference by other medical professionals;
- (c) Consent for particular treatments/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 organisation 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 purposes 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 in Sections 18 and 22 and Principle 6 of 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 making of access and corrections, should be addressed to:

Consultant Paediatrician
Child Assessment Service
2/F, 147L Argyle Street
Kowloon City, Kowloon
Telephone No. : 2246 6659



Tuen Mun Child Assessment Centre

G/F, Tuen Mun Hospital, Tsing Chung Koon Road, Tuen Mun, N.T.

Office Hours: Mon-Fri [note] 9 am to 1 pm 2 pm to 6 pm

Tel Nos.: 2468 5261

Fax No.: 2462 4962

[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.