RESTRICTED

when entered with data

Child Assessment Service Regist	tration Form	To be filled in by CAC staff only:		
		CAC No. :	CAC No. :	
	Registration		ate:	
		DOC Date:		
I. Information on Child				
Name of child:		(English)	(Chinese if any) Sex :	
(surname)	(first name)			
D.O.B. (dd-mm-yy) :	Place of birth**: HK / Mainland China / others, please specify			
HKID/birth certificate no.:	OR Other ID no. :			
Country of origin :	Language to be used in assessment :			
Local residential tel no.:	Local residential fax no.:			
Local residential address :				
Child's status: ** HK permanent resident / H	K resident / with tourist visa	a / with dependent vis	a/with student visa / others	
Has the above-named child or any of his / her si	ibling(s) ever been registere	ed at this or another C	Child Assessment Centre? ** Yes / No	
(If 'Yes', please specify				
Is the above-named child eligible for civil servi	ce medical or HA medical	benefit? ** Yes / No	0	
II. Information on Parents				
Name of father :		(English)	(Chinese if any)	
Father's ID / passport no. :	D.O.B. ((dd-mm-yy):		
Occupation :	Office c	ontact tel no.:		
Education level :	Local m	obile phone no.:		
Father's status: ** HK permanent residen	t / HK resident / with touris	st visa / with working	visa / others	
Name of mother :		(English)	(Chinese if any)	
Mother's ID / passport no. :		(dd-mm-yy):		
Occupation :	Office c	ontact tel no.:		
Education level :		obile phone no.:		
Mother's status: ** HK permanent reside	nt / HK resident / with tour		g visa / others	
III. Information on Guardian (if bo	th parents are not the	e legal guardian	of the child)	
Name of guardian :	-			
-			ct Person:	
Local contact tel no.:				
** Diagon oirely the most approximite				
** Please circle the most appropriate	DEATRIA	TED		
DH 2475_F_E_200408	RESTRIC	IED		

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Note

Please call the Child Assessment Centre for making an appointment for registration and first appointment for nurse interview, and bring along the following documents and fee on the day of registration and first appointment for nurse interview:

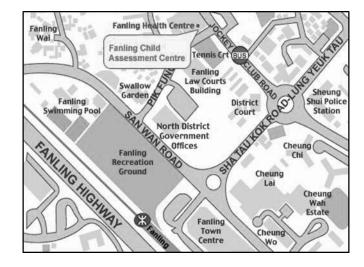
- 1. Referral Letter from registered doctor or psychologist (Original) (must be within 6 months from date of issue)
- 2. Hong Kong Birth Certificate of child (**Original**)
- 3. Identity cards of both parents (photocopies are accepted)
- 4. Proof of residential address where belongs to the serving areas of designated Child Assessment Centre (CAC) (photocopy is accepted)
- 5. One recent photo of the child
- Medical Records (e.g. Child Health Record from Maternal and Child Health Centre, Appointment slip, discharge summary, medical report or assessment report etc.) (photocopies are accepted)
- 7. For preschooler and schooler, please bring along the examination results/assessment reports, student handbook, homework, examination papers or Chinese & English dictation books (photocopies are accepted)
- 8. Duly completed registration form (this form)
- 9. Specialist outpatient service fee (HK \$135 for first attendance and HK \$80 for each subsequent attendance for eligibility person)
 - If the child is eligible for Civil Service / Hospital Authority medical benefit, please bring the original copy of child's birth certificate or identity proof for inspection. The benefits will be provided subject to verification or provision of a valid GF 181, Treasury form 447 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 the original and valid Certificate of Comprehensive Social Security Assistance Recipients (for Medical Waivers).
- * If parents cannot attend the first appointment as schedule, please contact CAC as soon as possible for re-arrangement.

Center Information

Fanling Child Assessment Centre

4/F, Fanling Health Centre, 2 Pik Fung Road, Fanling, N.T.Office hours:Mon-Fri [note]9 am to 1 pm2 pm to 6 pmTel no.:2639 1402Fax no.:2671 2797

[Note] To cater for the service need, our assessment centres operate one Saturday morning session each month in lieu of the previous Friday afternoon service. For details, please visit CAS Website (https://www.dhcas.gov.hk/en/opening_hour.html).



Statement of Purposes

Purpose of Collection

The personal data provided by patients and clients in the delivery of services and other related activities will be used by Department of Health (DH) for the following purposes:

- (a) Proof of eligibility;
- (b) Documentation of test results / examination / investigation / treatment for a continuation of care or reference by other medical professional;
- (c) Consent for treatments / tests;
- (d) Epidemiological surveillance;
- (e) Tracing defaulters for follow up / treatment;
- (f) Assessment for social assistance:
- (g) For statistics, 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 health education and community liaison activities.
- The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to verify your eligibility for specific service / activities and hence service / assistance may not be provided to you or you may be charged at the non-entitled person (usually higher) rate for such service / assistance.

Classes of Transferees

The personal data you provide are mainly for internal use within DH. However, with your consent or under the exemptional circumstances of Personal Data (Privacy) Ordinance, the data may be disclosed to other government bureaux, departments and relevant parties for the purpose mentioned in paragraph 1 above, if required.

Access to Personal Date

You have the right of request access to and correction of 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 mentioned in paragraph 1 above. A fee may be imposed for complying with a data access request.

Enquiries

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 City, Kowloon. Telephone: 2246 6659, Web-site: www.dhcas.gov.hk