

RESTRICTED

when entered with data

Child Assessment Service Registration Form

To be filled in by CAC staff only:

CAC No. : _____

Registration Date: _____

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 / HK resident / with tourist visa / with dependent visa/with student visa / others _____

Has the above-named child or any of his / her sibling(s) ever been registered at this or another Child Assessment Centre? ** Yes / No
(If 'Yes', please specify _____)

Is the above-named child eligible for civil service medical or HA medical benefit? ** Yes / No

II. Information on Parents

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

Father's ID / passport no. : _____ D.O.B. (dd-mm-yy) : _____

Occupation : _____ Office contact tel no.: _____

Education level : _____ Local mobile phone no.: _____

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

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

Mother's ID / passport no. : _____ D.O.B. (dd-mm-yy) : _____

Occupation : _____ Office contact tel no.: _____

Education level : _____ Local mobile phone no.: _____

Mother's status: ** HK permanent resident / HK resident / 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 if any) Relation: _____

Working institution : _____ Contact Person: _____

Local contact tel no.: _____

** Please circle the most appropriate

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
6. 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

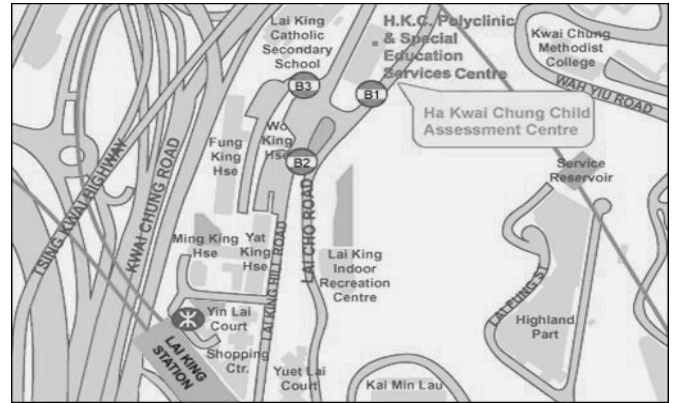
Ha Kwai Chung Child Assessment Centre

2/F, Ha Kwai Chung Polyclinic & Special Education Services Centre, 77 Lai Cho Road, Kwai Chung, N.T.

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

Tel no.:2370 1887 Fax no.:2744 8579

[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.



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