

# 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

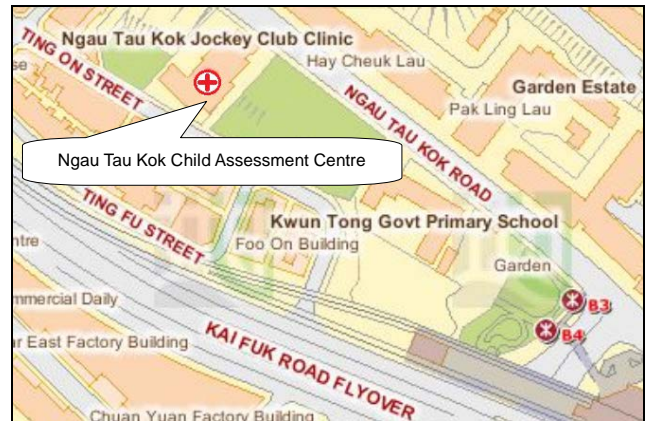
### **Ngau Tau Kok Child Assessment Centre**

1/F, Ngau Tau Kok Jockey Club Clinic, 60 Ting On Street, Ngau Tau Kok, Kowloon.

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

Tel no.:2921 1028 Fax no.:2456 0390

[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](http://www.dhcas.gov.hk)