

Child Health Service – First Registration Form (1)

Label

This form consists of two pages

(Please read through the “Collection of Personal Data - Statement of Purposes” before you fill in this registration form and return the completed form to registration counter on the day of your first appointment.)

Particulars of Child			
Name in Chinese: Surname	<input style="width: 100px;" type="text"/>	Given Name	<input style="width: 100px;" type="text"/>
		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name in English: Surname	<input style="width: 100px;" type="text"/>	Given Name	<input style="width: 100px;" type="text"/>
Date of Birth (dd-mm-yyyy):	<input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>	Time of Birth (24-hr clock):	<input style="width: 20px;" type="text"/>
Place of Birth:	<input type="checkbox"/> Hong Kong <input type="checkbox"/> Mainland China <input type="checkbox"/> Others (Please specify) _____		
Date of entry if born in Mainland China (dd-mm-yyyy):	<input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>		
Name of Birthing Hospital in Hong Kong:	_____		
Registration No. of Birth Certificate (if not available, other documents#):	_____		

Contact Information			
Address^:	Flat _____	Floor _____	Block _____
	Name of Building _____		Estate _____
	Street No. _____	Street Name _____	District _____
Tel. No.:	(Home) <input style="width: 20px;" type="text"/>	(Mother's Mobile) <input style="width: 20px;" type="text"/>	(Mother's office) <input style="width: 20px;" type="text"/>
	(Father's Mobile) <input style="width: 20px;" type="text"/>	(Father's Office) <input style="width: 20px;" type="text"/>	
Email:	_____ @ _____ (This email belongs to: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Carers)		
(Note: the provided email address will be used solely for communication by Department of Health)			
Other than parents, please provide contact information of another person.			
Name:	Relationship: _____		Tel. No.: _____
Primary Contact:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other		

Particulars of Mother			
Name in Chinese: Surname	<input style="width: 100px;" type="text"/>	CCC ⁽¹⁾ : Surname	<input style="width: 20px;" type="text"/>
	Given Name	Given Name	<input style="width: 20px;" type="text"/>
Name in English: Surname	<input style="width: 100px;" type="text"/>	Given Name	<input style="width: 100px;" type="text"/>
Date of Birth (dd-mm-yyyy):	<input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>		
HKID / Other Document No.:	_____		
Entry Type:			
<input type="checkbox"/> 0) Permanent Resident ⁽²⁾		<input type="checkbox"/> 6) Non-Permanent Resident from places other than Mainland China ⁽²⁾	
<input type="checkbox"/> 1) Non-Permanent Resident from Mainland China ⁽²⁾		<input type="checkbox"/> 7) Visitor from places other than Mainland China	
<input type="checkbox"/> 5) Visitor from Mainland China (Exit-entry permit / Recognizance)		<input type="checkbox"/> 9) Others (please specify) _____	
Occupation: _____			
Education Attainment:			
<input type="checkbox"/> 1) No Schooling		<input type="checkbox"/> 4) Lower Secondary (S1-S3)	
<input type="checkbox"/> 2) Pre-primary (Kindergarten / child care centre)		<input type="checkbox"/> 5) Upper Secondary (S4-S5/6/7, Project Yi Jin)	
<input type="checkbox"/> 3) Primary (P1-P6)		<input type="checkbox"/> 7) Post-secondary (Diploma / Certificate / Sub-degree course)	
		<input type="checkbox"/> 8) Post-secondary (Degree / Postgraduate course)	
		<input type="checkbox"/> P) Others: _____	

Particulars of Father			
Name in Chinese: Surname	<input style="width: 100px;" type="text"/>	CCC ⁽¹⁾ : Surname	<input style="width: 20px;" type="text"/>
	Given Name	Given Name	<input style="width: 20px;" type="text"/>
Name in English: Surname	<input style="width: 100px;" type="text"/>	Given Name	<input style="width: 100px;" type="text"/>
Date of Birth (dd-mm-yyyy):	<input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>		
HKID / Other Document No.:	_____		
Entry Type:			
<input type="checkbox"/> 0) Permanent Resident ⁽²⁾		<input type="checkbox"/> 6) Non-Permanent Resident from places other than Mainland China ⁽²⁾	
<input type="checkbox"/> 1) Non-Permanent Resident from Mainland China ⁽²⁾		<input type="checkbox"/> 7) Visitor from places other than Mainland China	
<input type="checkbox"/> 5) Visitor from Mainland China (Exit-entry permit / Recognizance)		<input type="checkbox"/> 9) Others (please specify) _____	
Occupation: _____			
Education Attainment:			
<input type="checkbox"/> 1) No Schooling		<input type="checkbox"/> 4) Lower Secondary (S1-S3)	
<input type="checkbox"/> 2) Pre-primary (Kindergarten / child care centre)		<input type="checkbox"/> 5) Upper Secondary (S4-S5/6/7, Project Yi Jin)	
<input type="checkbox"/> 3) Primary (P1-P6)		<input type="checkbox"/> 7) Post-secondary (Diploma / Certificate / Sub-degree course)	
		<input type="checkbox"/> 8) Post-secondary (Degree / Postgraduate course)	
		<input type="checkbox"/> P) Others: _____	

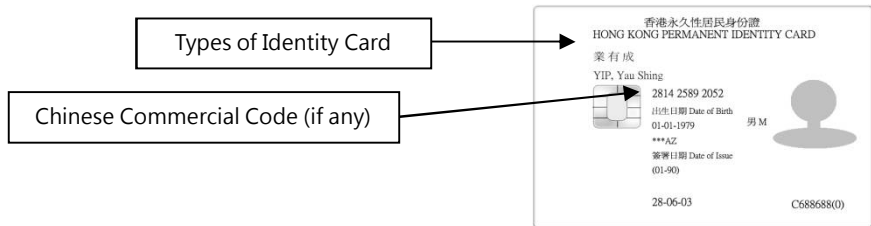


Child Health Service – First Registration Form (2)

Other Family Particulars	
Parents' Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Cohabited	
Comprehensive Social Security Assistance Recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Children: _____	
Other Information of Child	
Expected Date of Confinement (EDC) (dd-mm-yyyy): <input type="text"/> - <input type="text"/> - <input type="text"/>	
Weight at Birth (kg): <input type="text"/> (e.g.: X.XXX, to the third decimal place)	
Type of Birth: <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Multiple	
SMS Reminder for appointments	
(only applicable to services of Immunisation, Developmental Surveillance, Hearing Screening, Preschool Vision Screening, Articulation Assessment & Developmental Assessment)	
<input type="checkbox"/> I agree to receive SMS Reminder through HK mobile tel. no. of the following person: (Select ONE): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Others: _____ Mobile tel. no.: _____	
<input type="checkbox"/> I do not agree to receive SMS Reminder for appointments	
SMS Language (Select ONE): <input type="checkbox"/> Chinese (Traditional) <input type="checkbox"/> Chinese (Simplified) <input type="checkbox"/> English	
<i>Remark: The SMS Reminder Service will be effective within 14 days after submission of this Form. DH cannot guarantee successful receipt of SMS message.</i>	
Family Health Service “Online Membership Program” Registration	
Do you agree to become a member of the Online Membership Program, and receive the latest information on parenting and child health? Please ✓ on the appropriate box. <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you agree, we will send the “Parent-Child e-Link” e-newsletters to your email address provided in this registration form.	
Please choose the language of the e-newsletters: <input type="checkbox"/> Chinese (Traditional) <input type="checkbox"/> Chinese (Simplified) <input type="checkbox"/> English	
Completed by	
I understand and accept that the information provided above will be used by the Department of Health in accordance with the “Collection of Personal Data - Statement of Purposes”.	
Signature: _____ Name: _____	
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Others (please specify) _____	
For others, ID document held: <input type="checkbox"/> HKID <input type="checkbox"/> Others (please specify): _____	
Document No. (First 4 alphanumeric characters): <input type="text"/>	
Date: _____ (Please show the above document (original or copy) for verification.)	

Remarks:

(1) **CCC (Chinese Commercial Code):** refers to 4-digit code below the name in the Hong Kong Identity Card (see diagram below)



(2) **Permanent Resident** refers to person who holds the Hong Kong **Permanent** Identity Card.
Non-Permanent Resident refers to person who holds the Hong Kong Identity Card.
 Please refer to the types of Hong Kong Identity Cards (see diagram above)

- ^ If Hong Kong address is not provided, we will not be able to send letters to you.
- # Parents or guardians should provide a valid Hong Kong birth identity document once it is available. If fail to do so, all child health services will be charged as per the prevailing gazetted charges for Non-Eligible Persons.

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) Providing services including but not limited to clinical service, appointment arrangement and notification and client relation matters;
 - c) Record of test results / examination / investigation / treatment for continuation of care or reference by other medical professionals;
 - d) Consent for particular treatments / tests;
 - e) Accounting of expenses;
 - f) Epidemiological surveillance and suspected outbreak investigation;
 - g) For notification of tuberculosis or other diseases reportable / notifiable for public health purposes;
 - h) Tracing defaulters for follow up / treatment;
 - i) Assessment for social assistance;
 - j) For reference in legal proceedings;
 - k) Record of enrolment / management;
 - l) For preparing statistics, carrying out research or teaching purpose;
 - m) For services / manpower development and planning;
 - n) To facilitate organisation of activities related to health education and community liaison; and
 - o) Record of visits / enquiries / complaints.

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 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 a right of access and correction with respect to personal data as provided for 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 the personal data provided, including the making of access and corrections, should be addressed to:
 - a) The Client Relations Officer of respective centre; or
 - b) Family Health Service, Department of Health
Rm 1308, 13th Floor, Guardian House, 32 Oi Kwan Road, Wan Chai, Hong Kong