Child Health Service – First Registration Form (1)

Label

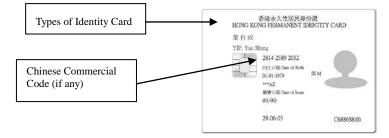
This form consists of two pages		0 • • • • •		a)
(Please return the completed form to registra Particulars of Child	ation counter on the day of y	our first appointment a	nd return to MCHO	2)
Name in Chinese : Surname	Given Name	、	Sex :	Male 🛛 Female
		Given Nan		
Name in English : Surname Date and time of Birth :				
		dd - mm - <u>y</u>	уууу	hh (24hr)
Place of Birth :	Kong	Other Countries		(Please specify)
Date of Entry (if born in China) - - dd - mm - yyyy				
Name of Birth Hospital in HK :				
Birth Certificate or Other Document No. (#refer l	pack page) :			
Telephone & Address Information				
Address : Flat	Floor]	Block		
Building Name		Estate		_
Street	Street Name	I	District	_
Tel. No. (Home):				
Mother Mobile Tel. No.:		Mother Office Tel. No. :		
Father Mobile Tel. No. :		Father Office Tel. No. :		
SMS Reminder for appointments (only applicable to se	rvices of Immunisation, Developmental Surveill		n Screening, Articulation Assessm	nent & Developmental Assessment)
□ I agree to receive SMS Reminder through <u>H</u>	K mobile tel. no. of the follow	ing person:	🗆 I do not	t agree to receive SMS
(select ONE) : □ Mother □ Father □ C SMS language (select ONE) : □ Chinese	Other Mobile Tel No (Traditional)	mplified)		for appointments
		1 , 2	i	ceipt of SMS message
Remark : The SMS Reminder Service will be effective within 14 days after submission of this Form. DH cannot guarantee successful receipt of SMS message. Email address: @				
Email address:@ (Note: the provided email address will be used solely for con-				
Besides parents, please give contact information of another	person, not living in the same housel	old.		
Name :	Relationship :		Tel. No. :	
Primary Contact :	☐ Father □ Other			
Particulars of Mother				
Name in Chinese :	$CCC^{(1)}$: Surnan	ne		
	Given Nam			
Surname Given Name				
Name in English : Surname Given Name				
Date of Birth : - - dd - mm - yyyy				
HKID or Other Document No :				
Entry Type : 0) Permanent Resident ⁽²⁾	□ 4) Illegal Immigrants from	Others	□ 7) Visitor	. (
0) Permanent Resident ⁽²⁾ 4) Illegal Immigrants from Others 7) Visitor from other places 1) Non Permanent Resident from China ⁽²⁾ 5) Visitor from China (Exit-entry permit, Recognizance) 8) Vietnam Refugee/Boat People				
 3) Illegal Immigrants from China 	 6) Non Permanent Residen 			
Occupation & Post:		·		
Education Attainment :				
1) No Schooling 4) Lower Secondary (S1-S3) 7) Post-secondary (Diploma / Certificate / Sub-degree course)				
2) Pre-primary (Kindergarten / child care centre) 5) Upper Secondary (S4-S5) 8) Post-secondary (Degree / Postgraduate course)				
□ 3) Primary (P1-P6)	□ 6) Secondary 6-7 (S6-S7)	P) Others		
Particulars of Father	(1)			
Name in Chinese :	$CCC^{(1)}$: Surname			
Surname Given Name	Given Nam	e		
Name in English : Surname		Given Name		
Date of Birth :	dd -	тт- уууу		
HKID or Other Document No :				
Entry Type :		—		
\Box 0) Permanent Resident ⁽²⁾	□ 4) Illegal Immigrants from		□ 7) Visito	r from other places
\square 1) Non Permanent Resident from China ⁽²⁾		-entry permit, Recognizance)		am Refugee/Boat People
□ 3) Illegal Immigrants from China	6) Non Permanent Residen	t from other places ⁽²⁾	9) Other	S
Occupation & Post:				
Education Attainment :	7			
2)Pre-primary (Kindergarten / child care	4) Lower Secondary (S1-S3)		ary (Diploma / Certificat	•
centre)	, - II , (, (,	_	ary (Degree / Postgradua	ite course)
	6) Secondary 6-7 (S6-S7)	P 2		N
FHS 11A (rev. Apr 2016)	Please continue	on Page 2		

Child Health Service – First Registration Form (2)

Other Information of Family				
Parents' Marital Status : Never married Married Widowed Divorced Separated Cohabited				
Family Status :				
□ Nuclear [Parent (one or both) live(s) with children only]				
 Extended [Parent (one or both) live(s) with children and other relatives] e.g. 1. Parent (one or both) live(s) with children and grandparents. 2. Parent (one or both) live(s) with children and aunt. 				
Institution				
Others:				
For some special reasons (e.g. parents reside overseas for a <u>long time</u> or deceased), the child cannot be cared by parents and he/she has to live with other relatives.				
e.g. 1. Parents have migrated to other countries and the child lives with uncle and grandparents in Hong Kong.2. Parents have deceased and the child lives with aunt and is cared by her.				
Monthly Domestic Household Income (HK\$): Below 5,000 15,000 - 19,999 30,000 - 39,999 5,000 - 9,999 20,000 - 24,999 40,000 - 59,999 10,000 - 14,999 25,000 - 29,999 60,000 or above				
Comprehensive Social Security Assistance Recipient :				
Household Size (including domestic helper living under the same household) : Number of Children in the Family :				
Main Care Giver :				
Current Smoker(s) in Your Household :				
Number of Current Smoker(s) in Your Household :				
Smoker's Relationship with the Child (Can choose more than one answer) :				
Father Mother Other Household Members				
Other Information of Child				
Expected Date of Confinement (EDC) : - - dd - mm - yyyy				
Weight at Birth : (kg)				
Type of Birth : Single Twin Multiple				
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? Yes No (Please tick on the appropriate box) 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: \Box Chinese (Traditional) \Box Chinese (Simplified) \Box English				

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).

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.