

## **Reprovisioning of Yaumatei Maternal and Child Health Centre (MCHC)**

In view of the construction of Central Kowloon Route, Yaumatei Maternal and Child Health Centre which is currently located on the 6/F of Yaumatei Specialist Clinic Extension (YMTSCE) will be reprovisioned to a new site at 1/F, 10 Yan Cheung Road with effect from 27 April 2020.

Family Health Service, Department of Health

April 2020

*From :* Principal / Head Teacher  
KG / Nursery  

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*Ref.:*  

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*Tel. No.:*  

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*Fax No.:*  

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*Date:*  

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*To:* Medical Officer in-charge  
Yaumatei MCHC  

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*Ref.:*  

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*Tel. No.:* 2770 0044  

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*Fax No.:* 2374 1361  

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*Total. Pg.:* (including this leader page)  

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**Comprehensive Child Development Service (CCDS)  
Preschool Referral and Reply  
Referral for Maternal and Child Health Centre (MCHC) Service**

I am referring the child \_\_\_\_\_(name) to your centre for service.

\_\_\_\_\_  
( )

Please contact \_\_\_\_\_at \_\_\_\_\_ (phone no.) if message received is incomplete.

*From :* Medical Officer in-charge  
Yaumatei MCHC  

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*Date:*  

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*To:* Principal / Head Teacher  
KG / Nursery  

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*Total. Pg.:*  

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**Acknowledgment of the fax referral**

Thank you for referring the child to our centre for service. We will contact the parent and arrange services for the child. We will let you know about the progress in our subsequent reply. Please feel free to contact us for further queries.

(MCHC chop)

**Comprehensive Child Development Service (CCDS)  
Preschool Referral and Reply  
Referral for MCHC Service (Preprimary institutions)**

**I. Particulars of the Child**

1. Name	
2. Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
3. Date of Birth	(YYYY)                      (MM)                      (DD)
4. Name of Parents / Guardian	Father:    Mother:
	Guardian: (if applicable)
5. Contact phone no.	
6. Schooling	<input type="checkbox"/> Playgroup <input type="checkbox"/> N1 <input type="checkbox"/> K1 (N2) <input type="checkbox"/> K2 (N3) <input type="checkbox"/> K3 (N4) <input type="checkbox"/> Others: _____
7. Date of enrollment	
8. Service currently received	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: _____
9. MCHC registered	_____MCHC    Registration no.: _____

**II. Aspects of developmental observation of the child**

General observation on the child's learning (e.g. pace in learning, need of special guidance, etc):

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Description of the child's ability in different areas:

Understanding of concepts	e.g. ability to understand basic concepts, general knowledge, numeracy, etc
Learning of words	e.g. ability in word recognition, reading or dictation, etc
Language ability	e.g. verbal understanding, expression, articulation, etc
Social behaviour	e.g. peer relationship, group participation, rule following, etc
Behaviour / emotion	e.g. attention, activity level, emotional control, etc

Motor ability	e.g. coordination, balance, writing, art work, etc
Self-care skills	
Others	

**III. Attachment(s) if any:**     assessment / progress reports     previous learning records  
 others: \_\_\_\_\_ (please specify)

**IV. Reason(s) for referral [Please tick appropriate box(es)]**

- Learning problem (e.g. problems in learning pace, understanding concepts, word recognition, reading or dictation, etc)
- Language problem (e.g. weakness in language comprehension or expression)
- Articulation problem (e.g. incorrect articulation, non-fluent speech, etc)
- Emotional / behavior problem (e.g. attention problem, over-activity, easy tantrums, anxious behavior, etc)
- Physical health problem
- Parenting problem
- Family problem
- Others : e.g. motor clumsiness (please specify) \_\_\_\_\_

**V. Information of the preprimary institution**

Name of KG / Nursery: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. : \_\_\_\_\_ Fax no.: \_\_\_\_\_

Referring teacher: \_\_\_\_\_ Signature: \_\_\_\_\_

Principal / Head teacher: \_\_\_\_\_ Signature: \_\_\_\_\_

Date of referral: \_\_\_\_\_

**VII. Parent's consent**

I, \_\_\_\_\_, the parent / guardian of the child \_\_\_\_\_ (name) hereby

\*consent / do not consent for

- referral of my child to MCHC for follow up, and
- the MCHC to communicate with the school about the result and subsequent follow-up plan of my child.

(\* please delete as appropriate)

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_