

Tsing Yi Maternal and Child Health Centre (MCHC)

Temporary Transfer of Child Health Service to South Kwai Chung MCHC

As affected by the modification works of the Cheung Hong Commercial Complex, Tsing Yi MCHC will close temporarily starting from 2 Mar 2020. The Child Health Service of Tsing Yi MCHC will be transferred to South Kwai Chung MCHC on the same day until further notice as posted on Family Health Service website (<http://www.fhs.gov.hk>) when available.

Family Health Service, Department of Health

February 2020

<i>From :</i>	Principal / Head Teacher KG / Nursery	<i>To:</i>	Medical Officer in-charge Tsing Yi MCHC
<i>Ref.:</i>	_____	<i>Ref.:</i>	_____
<i>Tel. No.:</i>	_____	<i>Tel. No.:</i>	2497 0431
<i>Fax No.:</i>	_____	<i>Fax No.:</i>	2434 4065
<i>Date:</i>	_____	<i>Total. Pg.:</i>	(including this leader page)

**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.

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Please contact _____at _____ (phone no.) if message received is incomplete.

<i>From :</i>	Medical Officer in-charge Tsing Yi MCHC	<i>To:</i>	Principal / Head Teacher KG / Nursery
<i>Date:</i>	_____	<i>Total. Pg.:</i>	_____

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):

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: _____