

Application form 報名表格

Child's name 兒童姓名(英文): _____ Chinese name 兒童姓名(中文) _____

Child ID 兒童出生證號碼: _____ Age 年齡 /Sex 性別 : _____

D.O.B 出生日期 : _____ Diagnosis 診斷: _____

Medical referral letter 醫生轉介信: Yes/ No 有/沒有

Child's main language 兒童學生主要語言:

Cantonese 廣東話 English 英文 Others 其他 _____ Nationality 國籍: _____

Main caregiver 主要照顧者: _____ Contact number 聯絡電話: _____

Address 地址: _____

E-mail address 電郵地址: _____

Family member 家庭成員:

Name 姓名	Age 年齡	Occupation 職業	Contact number 聯絡電話

Main concerns and treatment arrangement 主要關注及治療安排:

Parent's concern 家人關注: _____

Preferred treatment time (選擇上堂時間): _____

Previous schooling/training 以往就讀學校/訓練

School 學校名稱	Grade 年級	Period 期間	Remarks 注意

Receiving any training now 現正接受的服務: Yes/ No: 有/沒有

Birth History 出生歷史:

Delivery 出生: Normal 正常 Premature 早產 Prolonged 延遲 Caesarean section 開刀

Full term 足月: _____ Gestation, B.W 重量. _____ Asphyxia 窒息: Yes/ No 有/沒有

Convulsion 痙攣 Hydrocephalus 腦水腫 Cardiac problem 心臟問題 G6PD

Others, specify 其他, 註明: _____

Medical / Health History 醫療/健康記錄:

Date 日期	Age 年齡	Diseases/ injuries/ surgery 疾病/受傷/手術

Vision 視覺:

Normal 正常 myopia 近視/ hyperopia 遠視/ astigmatism 散光/ binocular problem 斜視)

Hearing 聽覺:

Normal 正常

Hearing impairment 聽障(mild 輕度/ moderate 中度/ severe 嚴重/ profound- hearing aids 極度嚴重)

Allergy (please specify) 敏感(請註明): _____

Self care 自理:

Feeding 飲食: Dependent 協助 Independent 自行進食

Utensil 餐具: Finger 手指 Spoon 匙羹 Fork 叉 Chopstick 筷子 Cup 杯 Straw 飲管

Bladder control 小便控制: Yes/ No 有/沒有

Language 言語:

Comprehension 理解: Understand simple gestural commands 明白簡單手勢

Understand 1-2 steps verbal commands 明白 1-2 步驟的口頭指令

Expression 表達: Babble and coo 牙牙學語 Indicate needs by gesture 用動作表達

Use single words 利用單字 _____ Simple sentence 利用短句

Fine motor 小肌

Thread beans 串珠 Imitate line/ shape 模仿線條/形狀 use of scissors 用剪刀 Able to write 能寫字

Ambulatory status:行動模式

Lyer 躺臥 Sitter _____ (age) 能坐立(年齡)

walk with aid 利用輔助器走路 Walk independently _____ (age) 自行走路(年齡)

Child's General Behavior 兒童平日行為:

Activity Level 活動程度: Normal 正常 Hyperactive 活躍 Lethargic 昏睡/遲鈍

Attention 專注力: Normal 正常 Easily distracted 容易分心 Continues own activity even when interrupted 自我沉醉於活動中

Emotional 情緒: Stable 穩定 Unstable 不穩定

Participation 參與程度: Motivated 有動機 Passive 被動 Uncooperative 不合作 Impulsive 衝動

Child's interests 兒童感興趣的事物: _____

Favourite toys 喜愛的玩具: _____

Favourite food 喜愛的食物: _____

How do you know our services 怎樣知道我們的服務:

Internet 網絡 Friends 朋友 School 學校 _____ Others 其他 _____

Receiving any training now 現正接受的服務:

OT 職業治療 ST 言語治療 PT 物理治療 EP 教育心理學家 Others 其他 _____

Please (✓) select the course you would like to attend 選擇想參與的課程:

Sensory Motor Group 感知肌能小組 A: () B: ()	Attention Skills Group 專注力小組 ()	Hand Writing Skills Group 書寫技巧小組 A: () B: ()
Advance Social Skill Training Group 社交技巧小組 ()	Sensory Diet Group 感覺統合餐單小組 ()	Toddler and Music Group 幼兒社交音樂小組 ()
升小智叻星 ()	Individual: OT: () ST: () PT: () T: () EdPsy: ()	

Note on personal data privacy 個人資料聲明

We respect personal data privacy and all data that you have provided are for internal use only.

我們尊重你所提供的資料並不會外竊。

Remarks 備註:

1. Registration: First come first serve 報名先到先得
2. If a space is available, a confirmation email and an invoice will be issued to you by email
有關申請結果將會盡快透過電郵通知閣下
3. Please submit fees by crossed cheque payable to "Shine Therapy Centre Ltd" to our administration staff. Postdated cheque will not be accepted. 如以支票付款, 抬頭請填上: "思亮治療中心有限公司", 期票恕不受理
4. All payments are non-refundable. Please read Cancellation Policy.
已繳交的款項均不能退還, 詳情請看 '課堂取消注意事項'
5. Individual: Payment will be received in blocks of 4 sessions. Fees should be paid one week before the block commence.
(Blocks of 5 sessions will be charged if the session falls on a month with 5 weeks)
個別: 活動費用每四堂為一期, 家長需於上課一星期前繳交費用. 如該月份有五週, 活動費用每五堂為一期
6. Groups: Payment will be received in blocks of 10 sessions (with minimal application of 8 sessions). Fees should be paid one week before the block commence.
小組: 活動費用每十堂為一期(最少報讀8堂), 家長需於上課一星期前繳交費用.
7. Contact us if there is any questions about the course 如對活動有任何疑問, 請與我們聯絡

For official use only 此欄由本中心填寫:

Cheque 支票/Cash 現金: _____

Admission date 報名日期: _____

Date application received: _____

Staff involved 負責職員: _____

Parent's signature 家長簽署: _____

Date 日期: _____