



Client Intake Form & Cancellation Policy

Official Child's name 兒童姓名: _____ Preferred Name 別名: _____

Date of birth 出生日期: _____ (D 日) _____ (M 月) _____ (Y 年)

Age 年齡: _____ Sex 性別: M/ F 男/女

Nationality 國籍: _____ Tel. 電話: _____ Email 電郵: _____

Address 住址: _____

Diagnosis of the child 兒童之診斷: _____

School/Services Attending (Playgroup / Kindergarten / School) 現就讀之學前訓練/幼稚園/幼兒中心/學校: _____
Grade 就讀年級: _____

Therapy service: PT, ST, OT etc. 現治療服務 (如: 物理治療、語言治療、職業治療等): _____

Child's present concerns (e.g. speech-language delay, attention weakness, poor muscle control, behavior etc.):
兒童現時的情況需協助/所關注的事項 (語言發展遲緩,專注力缺乏,肌肉控制協調弱,行為問題等): _____

Name of Family Members 家庭成員姓名	Age 年齡	Occupation 職業	Office/ Mobile Nos: 辦公/手提電話

Please ✓ the service(s) you would like to apply 請圈出欲申請之服務:

<input type="checkbox"/> Psycho-educational Assessment 心理教育評估	<input type="checkbox"/> Play Therapy 遊戲治療
<input type="checkbox"/> Child Developmental Consultation 幼兒發展評估	<input type="checkbox"/> Child Counselling 兒童輔導
<input type="checkbox"/> Speech Therapy 言語治療	<input type="checkbox"/> Social Skills Training Group 社交技巧訓練小組
<input type="checkbox"/> Occupational Therapy 職業治療	<input type="checkbox"/> Attention Training Group 專注力訓練小組
<input type="checkbox"/> Music Therapy 音樂治療	<input type="checkbox"/> Others 其他: 請列明: _____

Language Preferred 選擇語言: _____

Expectation of the service 對服務之期望: _____

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Cancellation Policy:

- For cancellation or rescheduling of therapy session, please contact our office via phone (2348 6222) or email (info@childpsy.com) as soon as possible. We required a minimal of 24-hour advance notice. Otherwise, the session fee will be charged in full
- Make-ups for sick leave can be arranged, but a valid doctor's note stating the date of the class being missed is required
- For no show without notification, the missed session will be charged
- For cancellation of group/pair classes, no refund or make up session will be provided
- To terminate therapy, please provide 4-weeks advanced notice by email

Weather Cancellation Policy:

- For Amber/Red rainstorm warning, Typhoon Signal no. 1/no. 3, all services remain usual.
- If Black rainstorm warning or Typhoon Signal no. 8 or above is hoisted at 7:00am, all morning services from 9 to 12pm will be cancelled
- If Black rainstorm or Typhoon Signal no. 8 or above is hoisted at 12pm, all afternoon services will be canceled

取消課堂政策:

- 如因事故需要取消或更改課堂時間，請於課堂前最少 24 小時以電話 (2348 6222) 或電郵 (info@childpsy.com) 通知本診所。否則本診所將收取該課堂的全額費用。
- 如因病假而缺席課堂，需提供註明病假日期的醫生證明方可獲安排補課。
- 如在沒有預先通知的情況下缺席，本診所將收取該課堂的全額費用。
- 如取消小組或二人課堂，將不獲退款或安排補課。
- 如要終止治療，請提早四星期以電郵通知本診所。

惡劣天氣安排:

- 當黃色 / 紅色暴雨警告信號或一號 / 三號颱風訊號生效時，所有服務如常進行。
- 若黑色暴雨警告信號或八號 (或以上) 颱風訊號於上午七時前懸掛，所有上午服務取消。
- 若黑色暴雨警告信號或八號 (或以上) 颱風訊號 於中午十二時懸掛，所有下午服務取消。

I, _____, parent of _____, hereby acknowledge that I have read and understood the above cancellation policy.

本人 _____，_____的家長，在此簽名作實已閱讀及明白上述取消課堂政策。

Parent's Signature 家長簽名: _____ Date 日期: _____

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