



Diptii Mehta
 PGDE Special Needs
 Teacher Registration Number: R248048
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Application Form

Child's Name:	Other Name:
Child's ID:	Age / Sex :
Date of Birth:	Diagnosis:
Medical Reference Letter: Yes / No	Nationality:

Child's Main Language : English / Other (please specify):

Main Concerns:			
Parent's Concern:			
Preferred Session Time:			
Previous Schooling/Training:			
School	Grade	Period	Remarks

Main Caregiver:	Contact Number:		
Address:			
Email Address:			
Family Members:			
Name	Age	Occupation	Contact Number

Medical/ Health History		
Date	Age	Diseases/ Injuries/Surgeries

Allergy (please specify): _____

Hearing (Please circle) :	
Normal	Hearing Impairment: Mild / Moderate / Severe / Profound

Vision (Please circle) :			
Normal	Myopia/ Hyperopia	Astigmatism	Binocular Problem

Self-care: (Please circle)	Dependent	Independent
Bladder Control	Yes / No	

Language (Please circle)			
Comprehension:	Understand simple gestural commands	Understand 1-2 verbal commands	Understands more than 2 step verbal command
Expression:	Indicate needs by gesture	Use single words	Simple sentences

Ambulatory status (Please specify): Walking with aid / Walking independently since age:

Fine Motor Skills(Please circle to all that apply):			
Thread Beans	Imitate line/shape	Use of scissors	Able to write

Child's General Behavior: (Please circle)	
Activity Level:	Normal / Hyperactive / Lethargic
Attention:	Normal / Easily Distracted / Continues own activity even interrupted
Emotion:	Stable / Unstable
Participation:	Motivated / Passive / Uncooperative / Impulsive

Child's Interests:	
Favorite Toys:	Favorite Food:
Receiving any training now (Please Specify): OT / ST / PT / EP / Others _____	

Please Select the Course you would like to attend (Please Circle):			
Attention Skills Sessions	Hand Writing Sessions	Social Skill Training Session	Reading Group
Individual Secondary Session	Yoga Session	Individual Primary Session	Career Consultation
Positive Thinking Session	Mindfulness Session	Art Therapy Session	Education Consultation

How do you know of the services (Please Circle):			
Internet	Friends	School	Others

Note on Personal Data Privacy	
We respect personal data privacy and all data that you have provided are for internal use only	
Remarks:	
<ol style="list-style-type: none"> 1) Registration is a first come first basis 2) If a space is available, a confirmation email and an invoice will be issued to you by email 3) Please submit fees by a crossed check payable to “Surgehk Ltd” to our staff. Postdated cheques will not be accepted 4) All payments are non-refundable. Please read cancellation policy. 5) Payments will be received in blocks of four sessions. Fees should be paid one week before the block finishes. 	
Contact us if there are any questions about the course.	

Parents Signature:	Date:
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For Official Use only	
Cheque/Cash:	Admission Date:
Date Application Received:	Staff Involved: