青少年護齒共同治理先導計劃
Primary Dental Co-Care Pilot Scheme for Adolescents (PDCC)

申請表暨同意書
Application and Consent Form

備註 Notes:

1. 請使用黑色或藍色原子筆，以正楷填寫本表格。請勿使用塗改液或其他塗改工具。如需修改，申請者的家長或監護人（如本表格第三部分所述）應在其旁邊標記修訂內容及簽署。
   Please use a black or blue ball pen to fill in this form in block letters. Do not use correction tools. If there are inaccuracies, the parent or guardian as stated in Part III should mark the amendments and initials next to them.
2. **申請者在接受資助就診時，必須攜帶填妥並已簽署的表格和下方「第一部分」所述的身份證明文件正本。The applicant should bring along the completed and signed form AND the stated Identity Document in Part I below for the subsidised visit.**
3. 填妥並已簽署的表格將由參與是次計劃的牙科醫生或診所工作人員代衞生署收集。
   The completed and signed form will be collected by the dentist or staff of the clinic on behalf of the Department of Health.

第一部分：申請者（子女）個人資料
Part I: Personal Particulars of the Applicant (the Child)

姓（英文）Surname (English)	名（英文）Other Name (English)		
中文姓名 Chinese Name	出生日期 Date of Birth	(日/月/年) (DD/MM/YYYY)	
身份證明文件號碼 Identity Document Number		性別 Gender	☐男 Male ☐女 Female
身份證明文件類型 Identity Document Type	☐ 香港身份證 Hong Kong Identity Card ☐ 豁免證明書（或稱豁免登記證明書）Exemption Certificate		

第二部分：核對參與資格
Part II: Eligibility Checklist

☐ 申請者持有有效的香港身份證[1]。
The applicant is a holder of a valid Hong Kong Identity Card.[1]

☐ 申請者已登記加入電子健康系統（醫健通）。
The applicant has registered with Electronic Health System (eHealth).

☐ 申請者的年齡介乎 13 至 17 歲（或將於本年內年滿 13 歲）[2]。
The applicant is aged 13 (or will be aged 13 in this calendar year) to 17.[2]

[1] 憑藉其已獲入境或逗留准許而獲簽發香港身份證，而該准許已經逾期或不再有效除外。Except that who obtained his/her Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to him/her and such permission has expired or ceased to be valid.
[2] 爲免生疑問，任何年滿 18 歲的人士將不再合乎資格。For the avoidance of doubt, a person will cease to be eligible upon reaching the age of 18.

第三部分：家長／監護人個人資料

Part III: Personal Particulars of the Parent/Guardian

身份證明文件號碼 Identity Document Number		與申請者的關係 Relationship	☐父親 Father ☐法定監護人 Legal Guardian ☐母親 Mother ☐其他 Others: _____
身份證明文件類型 Identity Document Type	☐ 香港身份證 Hong Kong Identity Card ☐ 其他身份證明文件[3] Other Identity Document[3] 請註明 Please specify:_____		
姓（英文）Surname (English)	名（英文）Given Name	聯絡電話號碼 Contact Number	
中文姓名 Chinese Name	電郵地址 E-mail Address *（如適用 if applicable）*		

第四部分：同意及聲明

Part IV: Consent and Declaration

1. 本人已細閱最新版本的《參加者須知》和《收集個人資料聲明》，明白並同意其內容。
   I have read and understood the most updated version of the Participant Information Notice and the Personal Information Collection Statement of the Programme, and agree to its content.
2. 本人同意申請者參加「青少年護齒共同治理先導計劃」。本人亦同意授權衞生署署長向政府部門及政策局索取學生的所有相關資料，以辦理報名手續，並確定學生是否屬符合資格人士。
   I agree to enrol the above-named applicant in PDCC. I also give consent to authorise the Director of Health to obtain all relevant information relating to the applicant from Government Departments and Bureaux for the purpose of enrolment and establishing the eligibility status of the applicant.
3. 本人明白政府只會資助計劃下指定的服務項目。如某種服務項目不在計劃範圍內，本人須全數承擔有關服務的費用。
   I understand that only specific service items under the Programme are subsidised by the Government. When a service item falls outside the scope of the Programme, I shall bear all of the cost of such service at my own expense.
4. 本人明白計劃建議家長／監護人陪同申請者應診，以便和牙科醫生溝通和準確了解申請者的口腔狀況。本人明白並同意我若未能陪同申請者出席，牙科醫生／牙科診所可能按情況需要，以上方提供的電話號碼聯絡本人。
   I understand that a parent / guardian is recommended to accompany the applicant in the subsidised visit for better communication with the dentist and accurate understanding of the oral conditions of the applicant. I understand and agree that the dentist / dental clinic may contact me at the contact number given above on a need basis if I cannot accompany the applicant.
5. 本人謹此聲明在本表格內填妥的資料均屬真確無訛。
   I declare that all information provided in this form is true and correct.

家長／監護人簽署： **日期：**
Parent/Guardian Signature: _____ **Date:** _____

For Dental Clinic Use

Staff Signature/ Clinic Chop: _____

Name of Staff: _____ Date: _____

[3] 其他身份證明文件包括領事團身份證、豁免證明書（或稱豁免登記證明書）、澳門身份證、單程証、擔保書（行街紙）、其他國家／地區發出之旅遊証件、中華人民共和國發出之其他旅遊証件及雙程証。Other Identity Documents include Consular Corps Identity Card, Exemption Certificate, Macao ID Card, One-way Permit, Recognizance, Travel Document – Overseas, Travel Documents – PRC and Two-way Permit.

青少年護齒共同治理先導計劃
Primary Dental Co-Care Pilot Scheme for Adolescents (PDCC)
口腔健康問卷
Oral Health Questionnaire

蛀牙和牙周病的風險評估 **Risk Assessment for Dental Caries and Periodontitis**							
蛀牙風險 Dental Caries Risk							
1.	每天使用含氟化物牙膏次數 Frequency of using fluoridated toothpaste per day	從不 Never ☐	1 次 Once ☐	2 次或以上 Twice or more ☐	不知道 Don't know ☐		
2.	每天正餐以外吃喝次數 Frequency of snacking between meals per day	0 次 No ☐	1 次 1 time ☐	2 次 2 times ☐	3 次 3 times ☐	4 次或以上 ≥4 times ☐	不知道 Don't know ☐
牙周病風險 Periodontitis Risk							
1.	每天吸煙支數 Number of cigarettes smoked per day	從不 Never ☐	1 - 10 支 1-10 cigarettes ☐	11 - 20 支 11-20 cigarettes ☐	21 支或以上 ≥ 21 cigarettes ☐	不知道 Don't know ☐	

過去 3 個月內與牙齒/口腔相關的負面影響
Negative impacts related to teeth/mouth during the past 3 months

在過去 3 個月內，你是否經常出現以下與牙齒或口腔有關的問題（包括唇、顎骨和牙骹）？（每項請以✓選一個答案）
In the past 3 months, how often have you had the following problems related to the teeth or mouth (including the lips, jaws and temporomandibular joints)? (Please choose one answer for each item by marking with a ✓)

		從不 Never	**1 - 2 次 Once or twice**	**有時候 Sometimes**	**經常 Often**	**通常 Very often**
1.	口腔出現潰瘍（痱滋）或疼痛點 Mouth sores					
2.	有口氣 Bad breath					
3.	難以入睡 Trouble sleeping					
4.	發音有困難 Difficult to say any words					
5.	介意其他人對你口腔或牙齒情況的想法 Concerned with what other people think					
6.	感到不開心 Upset					
7.	與朋友或家人爭吵 Argued with other children or your family					
8.	被人取笑或改花名 Teased / called names by other children					

你是否患有糖尿病？ Are you a diabetic patient?	是 Yes ☐	否 No ☐