# **附件4**

# **三亚市0-5岁儿童发育行为障碍复筛诊断登记表**

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| **编号** | **儿童****姓名** | **儿童身份****证号** | **性****别** | **出生****日期** | **家长****姓名** | **联系电话** | **初筛****机构** | **复筛未通过****类型** | **转介** | **诊断结果** | **家长是否愿意康复** | **登记****日期** | **转归** |
| **通过** | **未通过诊断类型** |
| **DST** | **M-CHAT** | **ABC** | **转介诊断** | **拒绝转介** | **失去联系** | **正常** |  | **是** | **否** | **转介残联** | **拒绝转介** | **失去联系** |
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注：该表由三亚市妇幼保健院（三亚市妇女儿童医院）早期发展中心填写后存档并反馈相应的转诊单位。