

**REFERRAL FORM**

The Singapore Cancer Society Rehabilitation Centre caters to cancer patients

- With ECOG status 0-3,
- Who are experiencing cancer and/or treatment-related symptoms or impairments,
- Are NOT on active immunosuppressive therapy
- Do NOT have communicable diseases (e.g. Tuberculosis, Vancomycin-Resistant Enterococcus)

**Patient's Particulars**

Name: ..... NRIC No.: .....

Address: .....

Date of Birth: ..... Contact No. ....

Diagnosis: .....

PMHx: .....

Type of rehabilitation:  Pre-Treatment     During Treatment     Post-Treatment

<b><u>Cancer Treatment</u></b>	<input type="checkbox"/> Surgery	<i>Details:</i>
	<input type="checkbox"/> Radiation	<i>Details:</i>
	<input type="checkbox"/> Chemotherapy	<i>Details:</i>
	<input type="checkbox"/> Hormonal Therapy	<i>Details:</i>
	<input type="checkbox"/> Others	<i>Details:</i>

**Precautions/Special Instructions:**

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 .....

**Other Remarks:**

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 .....  
 .....

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**Referral for:**

- |  |  |
|--|--|
| <input type="checkbox"/> Physiotherapy Evaluation        | <input type="checkbox"/> Occupational Therapy Evaluation                                       |
| <input type="checkbox"/> Dietetics                       | <input type="checkbox"/> Speech Therapy Evaluation   |
| <input type="checkbox"/> Exercise Programme              | <input type="checkbox"/> Neuropathy and Musculoskeletal Pain                                   |
| <input type="checkbox"/> Fatigue Management Programme    | <input type="checkbox"/> Caregiver Training  |
| <input type="checkbox"/> Lymphedema Management Programme | <input type="checkbox"/> Psychosocial Support and Counselling                                  |
| <input type="checkbox"/> Weight Management Programme     | <input type="checkbox"/> Sexual Health Counselling   |
| <input type="checkbox"/> Return to Work Programme        | <input type="checkbox"/> Support Group Network (e.g. Colorectal, Breast, Prostate cancer etc.) |
| <input type="checkbox"/> Financial Counselling           |  |

Others:

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***Please attach***

***(i) Patient's medical records if they are NOT found in NEHR***

***(ii) Other relevant investigations/documentations***

**Referred by:**

Name: ..... Designation: .....

Hospital / Clinic: .....

Contact No: ..... Email .....

*(You will be informed about patient's acceptance and progress via email)*

Signature / Stamp: ..... Date: .....

**Singapore Cancer Society Rehabilitation Centre**

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Email : rehab@singaporecancersociety.org.sg  
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**Operating Hours**

Monday to Friday : 9.00am to 6.00pm  
Closed on Saturdays, Sundays and Public Holidays