

REFERRAL FORM

The Singapore Cancer Society Rehabilitation Centre caters to cancer patients

- ✓ With ECOG status 0-2
- ✓ Are NOT on active immunosuppressive therapy
- ✓ Do NOT have communicable diseases (e.g. Tuberculosis, Vancomycin-resistant Enterococcus)

P a t i e n t ' s P a r t i c u l a r s

Name: NRIC No.:

Address:

Date of Birth: Contact No.

Diagnosis:

PMHx:

Type of rehabilitation: ☐ Pre-treatment ☐ During-treatment ☐ Post-treatment

Types of Interventions *(Please provide details)*

<input type="checkbox"/> Surgery	
<input type="checkbox"/> Radiation	
<input type="checkbox"/> Chemotherapy	
<input type="checkbox"/> Hormonal Therapy	
<input type="checkbox"/> Others	

Precautions/Special Instructions:

.....
.....

Other Remarks:

.....
.....
.....

Programmes and Services *(please select the services required)*

- | | |
|--|--|
| <input type="checkbox"/> Physiotherapy Evaluation | <input type="checkbox"/> Occupational Therapy Evaluation |
| <input type="checkbox"/> Dietetics | <input type="checkbox"/> Neuropathy and Musculoskeletal pain |
| <input type="checkbox"/> Exercise Programme | <input type="checkbox"/> Speech Therapy |
| <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 cancer, prostate cancer, etc.) |
| <input type="checkbox"/> Financial Counselling | |

Others:

.....

.....

Please attach

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

(ii) Other relevant documents/investigations

Referred by:

Name: Designation:

Hospital / Clinic:

Contact No: Email

(Please provide email so that we can acknowledge receipt of referral and update you on your patient's progress)

Signature / Stamp: Date:

Singapore Cancer Society Rehabilitation Centre

30 Hospital Boulevard
#16-03 NCCS Building
Singapore 168583

Tel : 6661 0590

Fax : 6570 2746

Email : rehab@singaporecancersociety.org.sg

Website : www.singaporecancersociety.org.sg

Operating Hours

Monday to Friday : 9.00am to 6.00pm

Closed on Saturdays, Sundays and Public Holidays