

REFERRAL FORM

Singapore Cancer Society Rehabilitation Centre (SCS-CRC)



- The SCS Rehabilitation Centre provides free rehab service due to donations,
- To people with a diagnosis of cancer with cancer-related issues.
- All disciplines (i.e. physicians, nurses, therapist, MSW) are welcome to refer their clients.
- **Inclusion criteria:**

<input type="checkbox"/> ECOG status 0-3	<input type="checkbox"/> Survivor or Palliative (> 4 months)
<input type="checkbox"/> NOT on active immunosuppressive therapy	<input type="checkbox"/> Pre- <input type="checkbox"/> During <input type="checkbox"/> Post-treatment

Patient's Particulars

Patient name		Gender	
NRIC		Date of Birth	
Address		Telephone	
		Next of kin (name/tel)	

Background

PMHx / Comorbidity	<input type="checkbox"/> Cardiac disease / <input type="checkbox"/> Pulmonary disease / <input type="checkbox"/> Cellulitis / <input type="checkbox"/> DVT / <input type="checkbox"/> HT / <input type="checkbox"/> DM / <input type="checkbox"/> Vascular diseases / <input type="checkbox"/> Others:		
Diagnosis (mm/yy)			
Metastasis	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Location:	
Est. Life-expectancy			
Treatment	<input type="checkbox"/> Surgery	Details:	
	<input type="checkbox"/> Radiation Therapy	(mm/yy)	
	<input type="checkbox"/> Chemotherapy	(mm/yy)	
	<input type="checkbox"/> Hormonal Therapy	(mm/yy)	
	<input type="checkbox"/> Current Medication	Details:	
Premorbid function	ADL:	<input type="checkbox"/> Independent	<input type="checkbox"/> Dependent
	Vocation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Precautions / Remarks

Communicable Disease	<input type="checkbox"/> VRE / <input type="checkbox"/> CRE/ <input type="checkbox"/> MRSA / <input type="checkbox"/> MDRO
Other	<input type="checkbox"/> Risk fractures, other; <input type="checkbox"/> Transport limitations <input type="checkbox"/> Long Distance from CRC <input type="checkbox"/> Only available weekends

Reason for Referral

Rehabilitation Services	
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Exercise programme
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Lymphedema management*
<input type="checkbox"/> Speech-language pathology	<input type="checkbox"/> Nutrition / Weight management
<input type="checkbox"/> Dietetics	<input type="checkbox"/> Return to Work programme
<input type="checkbox"/> Psychosocial Care/Counselling	<input type="checkbox"/> Fatigue / Sleep management
<input type="checkbox"/> Sexual Health Counselling	<input type="checkbox"/> Neuropathy and Musculoskeletal pain
	<input type="checkbox"/> Cancer-related caregiver training
Complimentary Support Services	
<input type="checkbox"/> Financial Support	
<input type="checkbox"/> Support group (e.g. Prostate, Breast)	
<input type="checkbox"/> Art Therapy	
<input type="checkbox"/> Complementary therapies (e.g. Yoga, Tai Chi)	
Singapore Cancer Society	
<input type="checkbox"/> Other:	

Lymphedema*	
Affected body part	<input type="checkbox"/> Arm / <input type="checkbox"/> Leg / <input type="checkbox"/> Head & Neck / <input type="checkbox"/> Breast / <input type="checkbox"/> Genital / <input type="checkbox"/> Other:
Stage of Lymphedema Treatment	<input type="checkbox"/> Acute / <input type="checkbox"/> Maintenance
Frequency of Therapy	<input type="checkbox"/> 2x p/wk <input type="checkbox"/> 1x p/mnth <input type="checkbox"/> 1x p/3mnts <input type="checkbox"/> 1x p/6mnts
Management / Intervention	<input type="checkbox"/> MLD / <input type="checkbox"/> Bandages / <input type="checkbox"/> Garment / <input type="checkbox"/> Education: e.g. on bandaging
Circumference (discharge)	(dd/mm/yy)
ROM (discharge)	(dd/mm/yy)

Additional Information preferably to be attached

<input type="checkbox"/> Medical record if NOT found in NEHR (private hospitals)
<input type="checkbox"/> Blood results
<input type="checkbox"/> Medication List

Referrer

Name		Email address	
Function	(physician, therapist, MSW)	Hospital	
Signature / date			
To be filled in by a Physician:			
With this referral I declare patient medical fit for exercise			<input type="checkbox"/> Yes <input type="checkbox"/> No
Answer 'No' in presence of e.g. Acute or uncontrolled cardiac problems, Electrolyte abnormalities, Anemia, Low white blood count, Thrombocytopenia, Arrhythmias, AV block, Cardio-myopathy, Fever, Ataxia, Dyspnea, Cachexia, Bone Pain, severe nausea, extreme fatigue			
Name	(if different from above)		
Signature / date			

General remarks

Singapore Cancer Society Rehabilitation Centre

52 Jurong Gateway Road
#08-04, JEM Office Tower
Singapore 608550

Tel: 1800 727 3333
Fax: 6570 2746

Operating Hours

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

Email: rehab@singaporecancersociety.org.sg
Website: www.singaporecancersociety.org.sg