Singapore Cancer Society Rehabilitation Centre

SINGAPORE CANCER SOCIETY
REHABILITATION CENTRE

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 (eg TB, VRE)**

Patient's Particulars

Name: ……..…….. NRIC No.: ……..

Address: …….

Date of Birth: …….…… Contact No. …….

Diagnosis : …….

Treatment ☐ **Radiation** ☐ **Chemotherapy** ☐ **Others:……..……**

Surgeries…….

Precautions/Special Instructions: ……

**Tick where applicable the key symptoms experienced by patient and / or services required*

No	Symptoms	Tick *	No	Symptoms	Tick *
1.	**Physical Aspects**		**2.**	**Psychosocial Support Services**	
1a	Ambulation Difficulties		2a	Emotional / Psychological Distress	
1b	Balance Issues		2b	Financial Assistance	
1c	Body Image / Disfigurement		2c	Grief and Loss	
1d	Fatigue		2d	Practical Aspects of Care and Arrangement Needed	
1e	Loss of Concentration / Memory (except if due to dementia or if AMT<7/10)		2e	Spiritual / Existential Issues	
1f	Lymphedema	Availability – to be confirmed	**3.**	**Support & Resources**	
1g	Nutrition and Diet		3a	Caregiver Training	
1h	Pain Please specify location: _____		3b	Support Group Network (eg colorectal, breast cancer, prostate cancer etc)	
1i	Shortness of Breath		3c	Talks and Workshops	
1j	Speech / Swallowing	Availability – to be confirmed	3d	Complementary Therapies (eg Music, Art)	
1k	Weakness - Upper Limb		**4.**	**Others:**	
	- Lower Limb		4a		
1l	Fractures - Upper Limb		4b		
	- Lower Limb				

Other Remarks:

……..……

…….……

Referral for:

- ☐ Physical Therapy Evaluation and Treatment as Indicated
- ☐ Occupational Therapy Evaluation and Treatment as Indicated
- ☐ Speech Therapy Evaluation and treatment as Indicated (Availability – to be confirmed)
- ☐ Nutritional Advice
- ☐ Psychosocial Support and Counselling
- ☐ Lymphedema Therapy (Availability – to be confirmed)
- ☐ Others _____

Please attach patient's medical records if they are NOT found in NEHR.

Referred by :

Name : ……. Designation: ……

Hospital / Clinic: ……..……..……..……

Contact No: …… Email …….
(Please fill up email so we can acknowledge receipt of referral and for feedback/progress reports)

Signature / Stamp: …… Date: ……..…

Should more patient information be required, kindly contact (if different from above mentioned eg; Nurse Coordinator / Nurse Manager)

Name : ……. Designation: ……

Hospital / Clinic: ……..……

Contact No: …… Email: …….
(Please fill up email so we can acknowledge receipt of referral and for feedback/progress reports)

Singapore Cancer Society Rehabilitation Centre
52 Jurong Gateway Road
#08-04, JEM Office Tower
Singapore 608550

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
Saturday : 9.00am to 1.00pm
Closed on Sundays and Public Holidays