

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		3d	Complementary Therapies (eg Music, Art)	
1k	Weakness - Upper Limb		4. Others:		
	- Lower Limb		4a		
1l	Fractures - Upper Limb		4b		
	- Lower Limb				

Other Remarks:

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Referral for:

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

Please attach

- (i) * Speech Therapy Discharge Summary***
- (ii) 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

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Operating Hours

Monday to Friday : 9.00am to 6.00pm
Saturday : 9.00am to 1.00pm
Closed on Sundays and Public Holidays