

REFERRAL FORM

Referral Source: CHAS GP

This is to refer **Singaporean patient aged 60 and above**, with clinically suspected presbycusis and/or keen for hearing aid trial.

To Audiologist, Tiong Bahru Community Health Centre:

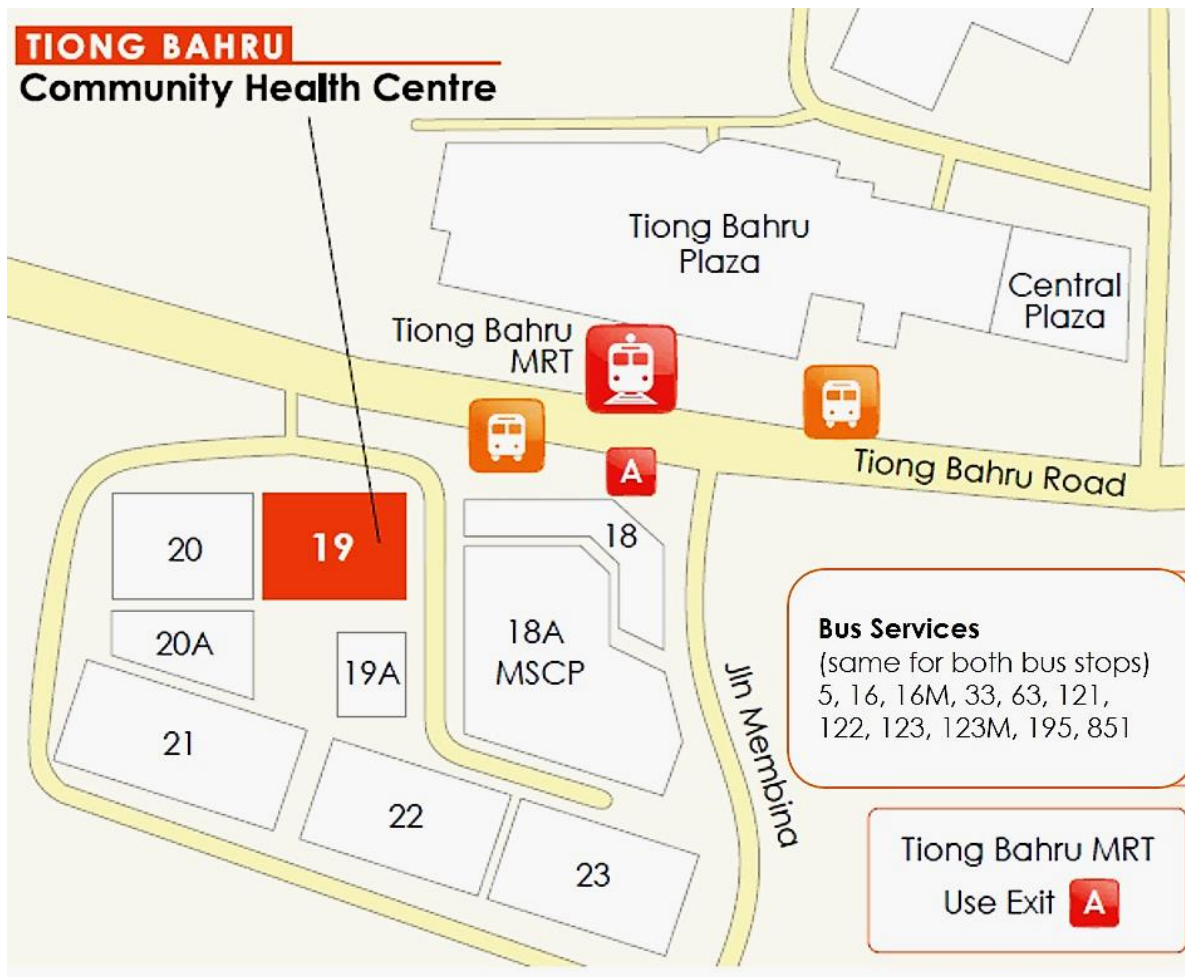
A. PERSONAL INFORMATION			
Name:			
NRIC:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB:
B. THIS PATIENT HAS BEEN MEDICALLY CLEARED FROM: <i>(please ensure patient is medically cleared from ALL of the following before referring)</i>			
<input type="checkbox"/> Earwax / visible foreign body in the ear canal <input type="checkbox"/> Active ear infection / inflammation / discharge <input type="checkbox"/> Surgically modified ears (mastoidectomy) <input type="checkbox"/> Persistent pain affecting either ear as main concern <input type="checkbox"/> Sudden hearing loss <input type="checkbox"/> Cognitive problem / dementia (If patient is unable to follow simple instruction)			
C. OTHER MEDICAL CONDITIONS / REMARKS:			

I would like to receive a copy of the patient's Hearing Test results.

Email Address: _____

Referral Clinic (Clinic Stamp with tel and fax):	Name of Doctor : _____
	MCR No : _____
	Signature : _____
	Date : _____

Appointment Details:	Date : _____
	Time : _____



Tiong Bahru Community Health Centre

Blk 19 Jalan Membina
#01-24 Singapore 163019

Operating Hours
Monday to Friday: 8.30am to 12.00pm,
1.00pm to 5.00pm
Closed on Saturdays, Sundays and Public
Holidays

Tel: 6376 0158 | Fax: 6271 7239
tiongbahruhc@singhealth.com.sg

中峇鲁社区健康中心

Blk 19 Jalan Membina
#01-24 Singapore 163019

诊所营业时间
星期一至星期五：上午 8 点半 到中午 12 点 ，
下午 1 点 到 下午 5 点
休息：星期六、星期日和公共假期

电话：6376 0158 | 传真：6271 7239
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For more information,
call **1800-275-2427** or visit **www.chas.sg**

CHAS GP clinics can be easily identified by the CHAS stickers displayed.
To locate a CHAS GP clinic near you: https://www.chas.sg/clinic_locator.aspx?id=90