



Patient Particulars - Centre for High Risk Pregnancy (CHiRP)

Request appointment for *(Please tick one option)*

(To Fax Referral letter with this request form)

- High Risk Clinic (HRC)
- Gestational Diabetes Joint Clinic (GDJC)
- Cardiac Joint Clinic (CJC)
- Rheumatoid Joint clinic (ROC)
- Obstetrics Gynaecology Haematology Clinic (OGH)
- Obstetrics Kidney Clinic (OKC)
- Obstetric Medicine Clinic (ObMed)

Prenatal Diagnostics Centre
Block 5 Level 2
Section of Fetal Maternal
Medicine
Department of Obstetrics &
Gynaecology, SGH
Tel: 63214516
Fax: 63214837
Email: gdmogsg@sg.com.sg

Date of appointment :

Time :

Request of appointment :

Name of Patient :

(As shown in passport /IC)

IC / Passport No :

Address :

Tel No :

Date of Birth :

(Name sticker is allowed)

Other Details

LMP : EDD :

Gravida : Para :

Referral from CHAS clinic: Yes / No

CHAS card holder : Yes / No

CHAS Card expiry date:

Doctor's Name :

Name of clinic :

Address of clinic :

Clinic Tel :

Clinic Fax :

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SingHealth Duke-NUS Academic Medical Centre

Singapore General Hospital • Changi General Hospital • Sengkang General Hospital • KK Women's and Children's Hospital
National Cancer Centre Singapore • National Dental Centre Singapore • National Heart Centre Singapore
National Neuroscience Institute • Singapore National Eye Centre • SingHealth Community Hospitals • SingHealth Polyclinics