

## Singapore General Hospital Community Nursing Programme (Southeast)

### REFERRAL FORM

*Please e-mail the completed form to [Community.Nurse@sgh.com.sg](mailto:Community.Nurse@sgh.com.sg)*

AREAS	Service Boundary (COC)
<input type="checkbox"/> Bukit Merah	Bukit Merah View, Jalan Membina, Kim Tian, Boon Tiong Rd, Tiong Poh Rd, Bukit Ho Swee, Taman Ho Swee, Beo Crescent, Havelock, Jalan Klinik, Indus, Delta Avenue
<input type="checkbox"/> Chinatown	Banda, Kreta Ayer, Sago, Smith, Upper Cross St, Chin Swee, Jalan Kukoh, Jalan Minyak, York Hill, Spottiswoode Park, Everton Rd, Cantonment Rd, Tanjong Pagar Plaza,
<input type="checkbox"/> Katong	Marine Parade, Dakota, Mountbatten, Jalan Enam, Old Airport Rd, Cassia Crescent, Jalan Tiga, Kampong Arang, Kampong Kayu, Pine Close
<input type="checkbox"/> Telok Blangah	Telok Blangah, Jalan Bukit Merah (Blk 104-146), Bukit Purmei, Bukit Teresa, Depot Road, Silat Rd, Spooner Rd
<input type="checkbox"/> Tiong Bahru	Henderson, Lengkok Bahru, Jalan Bukit Merah (Blk 1-28), Jalan Rumah Tinggi, Hoy Fatt, Alexandra, Bukit Merah Lane, Bukit Merah Central, Redhill, River Valley Road

INCLUSION CRITERIA	EXCLUSION CRITERIA
<ul style="list-style-type: none"> <li>• Aged <math>\geq</math> 60 years old*</li> <li>• Has <math>\geq</math> 3 chronic diseases (e.g. hypertension, hyperlipidemia, diabetes, chronic heart failure, asthma, COPD, stroke)</li> <li>• Living within the Communities of Care (COC)</li> <li>• Requires assistance to better manage his/her chronic diseases</li> </ul> <p><small>* Please contact the community nurse if resident does not meet all of the above criteria but may benefit from this programme.</small></p>	<p>Any of the following:</p> <ul style="list-style-type: none"> <li>• Currently under H2H programme</li> <li>• New acute symptoms, e.g. chest pain, severe shortness of breath</li> <li>• Requiring long term clinical procedures e.g. dressing of wound, change of tubes (feeding, catheter, drainage), change of stoma bags, injections etc.</li> </ul>

PURPOSES FOR REFERRAL
<p><i>Please select (v) service(s) required:-</i></p> <p><input type="checkbox"/> Health assessment &amp; Screening</p> <p style="padding-left: 20px;"><input type="checkbox"/> Falls Prevention Screening &amp; Education</p> <p style="padding-left: 20px;"><input type="checkbox"/> Others, please specify: _____</p> <p><input type="checkbox"/> Chronic disease monitoring, please state chronic disease type: _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Monitoring</p> <p style="padding-left: 20px;"><input type="checkbox"/> Health Coaching</p> <p style="padding-left: 20px;"><input type="checkbox"/> Caregiver training</p> <p><input type="checkbox"/> Medication consolidation and short term medication packing</p> <p><input type="checkbox"/> Others, please specify _____</p>
<p>Additional Remarks (if any)</p>   

REFERRING SOURCE	
Organization:	
Name/Designation:	Contact Number:
Referral Date:	Email Address:

REGISTRATION FORM		
RESIDENT PARTICULARS		
Full Name (as in NRIC):	NRIC No:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
Nationality: <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident		
Ethnic Group: <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others:		
Home Address:	Postal Code:	
Housing Type: <input type="checkbox"/> HDB 1 to 2-room <input type="checkbox"/> HDB 3-room <input type="checkbox"/> HDB 4-room <input type="checkbox"/> HDB 5-room/Exec <input type="checkbox"/> Others:		
Financial Scheme: <input type="checkbox"/> CHAS (Blue/Orange/Green) <input type="checkbox"/> PA <input type="checkbox"/> MFEC <input type="checkbox"/> Others:		
Contact Number (Home):	Contact Number (HP):	
Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others:		
CAREGIVER PARTICULARS (if applicable)		
Name as in NRIC (underline surname):	NRIC:	Date of Birth:
Address (if not the same as Resident):	Contact Number (Home):	Contact Number (HP):
	Email Address:	
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others:		

Dear Resident,

The Community Nurses from SGH wish to embark on a journey together with you in managing your medical conditions. However, due to medical confidentiality, we would require your consent in order for us to access your medical records and participate in your care. As such, if you are agreeable, please sign after reading the content below. Thank you and we look forward to being part of your care team and starting a meaningful journey with you.

**DECLARATION AND CONSENT**

By signing hereunder, I confirm and agree:

- (a) to participate in the SingHealth Community Nursing Programme (Southeast), a programme to support residents like me to better manage chronic health conditions, based on the information brochure given to me (“**Programme**”);
- (b) that, upon prior notice, Singapore General Hospital (“**SGH**”) and/or Singapore Health Services Pte Ltd (“**SingHealth**”) reserves the right to withdraw me from the Programme at its/their absolute discretion, taking into consideration factors such as my wellbeing. Such withdrawal from the Programme shall not entitle me to any compensation or claim from SGH, SingHealth or any Collaborator;
- (c) that my personal data and health information (including medical records), as well as my personal data provided in this form (collectively, “**Information**”), may be collected, used and/or disclosed by SGH, SingHealth and their Collaborators\*, for the following purposes:
  - (i) to facilitate my participation in the Programme, including to respond to my queries, requests and feedback as well as to administer activities and follow-up actions;
  - (ii) to check on my well-being and provide general, social and healthcare information and to contact my abovementioned caregiver for such purpose;
  - (iii) to create and maintain profiles in relevant systems so as to improve operations and programmes;
  - (iv) to comply with any applicable rules, laws and regulations, codes of practice and guidelines; and
  - (v) any other purposes which are reasonably related to the aforesaid.

\* “**Collaborators**” refers to organisations and/or institutions that work in partnership with SGH and/or SingHealth to conduct the Programme and related services. These include Singapore Health Services Pte Ltd and its related institutions, polyclinics, hospitals, private GP and other clinics, Family Medicine Centres, Community Health Centres, private laboratories, screening, reading and assessment centres, other healthcare institutions and providers, voluntary welfare organisations, and government and regulatory agencies, such as the Health Promotion Board, Ministry of Health and the Agency for Integrated Care.

\_\_\_\_\_  
Resident’s Name & Signature

\_\_\_\_\_  
Date of Signing

\_\_\_\_\_  
Consent Taker’s Name & Signature

\_\_\_\_\_  
Date of Signing

**Interpreter’s Declaration (if applicable)**

I, \_\_\_\_\_ confirm that I have interpreted and explained to the resident the above content for declaration and consent in \_\_\_\_\_ (language/dialect).

\_\_\_\_\_  
Name & Signature

\_\_\_\_\_  
Date of Signing