

SINGHEALTH COMMUNITY NURSING PROGRAMME (NORTH-EAST) REFERRAL FORM

Please send this referral form to: community.nurse@skh.com.sg

Areas	Service Boundary (COC)
<input type="checkbox"/> Sengkang	Sengkang West, Fernvale, Anchorvale, Sengkang Town Centre, Compassvale, Rivervale, Lorong Halus North
<input type="checkbox"/> Punggol	Matilda, Punggol Field, Punggol Town Centre, Waterway East, North Shore, Punggol Canal

INCLUSION CRITERIA*

- Aged ≥ 60 years old
- Has ≥ 3 chronic diseases (e.g. hypertension, hyperlipidemia, diabetes, chronic heart failure, asthma, COPD, stroke)
- Living within the Communities of Care (COC)
- Requires assistance to better manage his/ her chronic diseases

*** Please contact the community nurse if resident does not meet all of the above criteria but may benefit from this programme.**

EXCLUSION CRITERIA

- Clients with existing home care teams on board
- Clients with ongoing substance abuse and aggressive behavior
- Has only unresolved social issues i.e. no medical or nursing needs (Please consider referral to Community Social Worker/ Family Service Centre)
- New acute symptoms, e.g. chest pain, severe shortness of breath
- Requiring long term clinical procedures e.g. dressing of wound, change of tubes (feeding, catheter, drainage), change of stoma bags, injections etc.

REASONS FOR REFERRAL

- Provide Assessment and Screening (Frailty and Geriatric Level 1 screening)
- Health coaching of resident and / or caregiver on chronic disease management
- Monitor chronic diseases
- Provide medication consolidation and short term medication packing
- Others, please specify: [Click or tap here to enter text.](#)

Additional Remarks (if any): [Click or tap here to enter text.](#)

REFERRING SOURCE

- CNS GSH GP : Clinic Name [Click or tap here to enter text.](#) Polyclinic : [Choose an item.](#)
- Others [Click or tap here to enter text.](#)

Name / Designation: [Click or tap here to enter text.](#)

Contact: [Click or tap here to enter text.](#)

Referral Date: [Click or tap here to enter text.](#)

Email Address: [Click or tap here to enter text.](#)

VERBAL CONSENT TAKEN FOR REFERRAL

- Client/ Next-of-kin/Caregiver has agreed for referral to SKH Community Nursing Programme, including access to health information necessary for care provision.

REGISTRATION FORM

RESIDENT PARTICULARS		
Full Name (as in NRIC): Click or tap here to enter text.		NRIC No: SXXXXXXXX
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: DDMMYYYY	
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: Click or tap here to enter text.		
Home Address : Click or tap here to enter text.		Postal Code: XXXXXX
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: Choose an item. <input type="checkbox"/> PA <input type="checkbox"/> MFEC <input type="checkbox"/> Others: Click or tap here to enter text.		
Contact Number (Home) : Click or tap here to enter text.	Contact Number (HP): Click or tap here to enter text.	
Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others: Click or tap here to enter text.		
NEXT-OF-KIN/CAREGIVER PARTICULARS (if applicable)		
Address (if not the same as Resident): Click or tap here to enter text.	Contact Number (Home): Click or tap here to enter text.	Contact Number (HP): Click or tap here to enter text.
	Email Address Click or tap here to enter text.	
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others: Click or tap here to enter text.		