SINGHEALTH COMMUNITY NURSING PROGRAMME (NORTH-EAST) REFERRAL FORM

Please send this referral form to: [**community.nurse@skh.com.sg**](mailto:community.nurse@skh.com.sg)

Respective region point-of-contact:

1. **CNP (Punggol): NC Mohamad Rizal,** [**mohd.rizal.mohd.razali@skh.com.sg**](mailto:mohd.rizal.mohd.razali@skh.com.sg)**, H/P: 8939 7904**
2. **CNP (Sengkang): NC Zhang Jin,** [**zhang.jin@skh.com.sg**](mailto:zhang.jin@skh.com.sg)**, H/P: 8428 9735**

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| **Areas** | **Service Boundary (COC)** | |
| **Sengkang** | **Sengkang West, Fernvale, Anchorvale, Sengkang Town Centre, Compassvale, Rivervale, Lorong Halus North** | |
| **Punggol** | **Matilda, Punggol Field, Punggol Town Centre, Waterway East, North Shore, Punggol Canal** | |
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| **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. | | |

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| **REGISTRATION FORM** | | | | |
| **RESIDENT PARTICULARS** | | | | |
| Full Name (as in NRIC): **Click or tap here to enter text.** NRIC No: **SXXXXXXXX** | | | | |
| Gender:  Male Female Date of Birth: **DDMMYYYY** | | | | |
| Nationality:  Singapore Citizen  Permanent Resident | | | | |
| Ethnic Group:  Chinese  Malay  Indian  Others: **Click or tap here to enter text.** | | | | |
| Home Address : **Click or tap here to enter text.** | | | Postal Code: **XXXXXX** | |
| Housing Type:  HDB 1 to 2-room  HDB 3-room  HDB 4-room  HDB 5-room/Exec  Others: **\_\_\_\_\_\_** | | | | |
| Financial Scheme:  CHAS: **Choose an item.**  PA  MFEC  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:  English  Mandarin  Malay  Tamil  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:  English  Mandarin Malay  Tamil  Others: **Click or tap here to enter text.** | | | | |