

REFERRAL LETTER



21 Geylang East Central
Singhealth Polyclinic (Level 4)
Singapore 389707
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Website : www.bwell.org.sg



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Singapore 310249
Fax : 6251 0285 Tel : 6259 0669
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Website : www.seniorcitizens.org.sg

Open Daily : Mon – Fri : 7.30am – 6.00pm, Sat, Sun, Public Holiday : 8.00am – 5.00pm

Client's Name : _____ NRIC / FIN : _____

NRIC Type : Pink / Blue / Others Nationality : Singaporean / PR / Others _____

Sex : Male / Female Date of Birth : _____ Contact No : _____

Client's Address : _____ S ()

Diagnosis: _____

List of current and past medical problems:

Service Required:

	Centre-Based	Home-Based
Physiotherapy		
Occupational Therapy		
Nursing Care		

Functional Status:

Mobility : Home-bound / Wheel chair bound /
Independent with aid / Independent

Toileting : independent / Needs assistance

Transfer : Independent / Needs assistance

Continence : Continent / Incontinent

Feeding : Independent / Needs assistance

Mental Status : Rationale / Confused / Demented /
Delusion / Hallucination

Vision : Normal / Slightly Impaired / Impaired

Entitlement for Subsidy from MOH / Others:

75% 50% 25% Others _____

Remarks : _____

Referral Source:

Doctor / Nurse / MSW / Physio / Others

Hospital / Dept / Organisation

Contact No : _____ Email : _____ Date : _____