This referral can be used commonly to refer your client if more than one of the services is required. Please refer to the boundary listings below to facilitate selection of the appropriate service. The respective service will send an acknowledgement upon receipt of the referral.

NTUC HEALTH REFERRAL FORM

☐ **HOME CARE SERVICE (Refer to Annex 1 for details)**

☐ Home Personal Care

☐ Home Medical

☐ Home Nursing

☐ Home Therapy

***Interim Caregiver Services – NTUC Health offers interim caregiver services but referral has to be made through a restructured hospital or community hospital referral team.

Tel: 6715 6715
Fax: 6590 4389
Email: homecare@ntuchealth.sg

☐ **DAY CENTRES FOR SENIORS**

☐ **DAY REHABILITATION**

(Refer to Annex 2 for details)
Tel: 6715 6762
Fax: 6590 4389
Email: seniordaycare@ntuchealth.sg
Centre Locations:

Central:	**West:**	**East:**
☐ 95B Henderson	☐ Lakeside (Coming soon in Q4 21)	☐Tampines (TBC)
☐ Bukit Merah Silat	☐Boon Lay	☐Chai Chee
☐ Ci Yuan	☐ Bukit Batok West	☐ Dakota
☐ May Wong	☐ Jurong Central	☐ Fengshan
☐ Punggol South	☐ Jurong Central Plaza	☐ Geylang East
☐ Radin Mas	☐ Jurong West	☐ Heartbeat@Bedok
☐ Serangoon Central	☐ Marsiling	☐ Wisma Geylang Serai
☐ Toa Payoh	☐ Taman Jurong	☐ Pasir Ris
☐ Kampung Admiralty		

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☐ **COMMUNITY BEFRIENDING PROGRAMME**

Volunteer befrienders visit seniors in their neighbourhood regularly to enable age in place in their community for as long as possible.

Tel: 6273 2239
Fax: 6273 2356

12 constituencies:

Admiralty-Woodlands-Marsiling
Ayer Rajah
Bukit Batok
Dawson
Henderson
Jurong Central
Jurong Spring
Lengkok Bahru
Nanyang
Radin Mas
Taman Jurong
Whampoa

❏ **CLUSTER SUPPORT / CREST @BUKIT MERAH**

Provide case management for vulnerable seniors who have little or no family support.
Tel: **8612 8302**
Email: **clustersupport@ntuchealth.sg**

Boundaries served:

Bukit Merah View (except Blk 118)
Jalan Bukit Merah
Tiong Bahru
Kim Tian
Jalan Membina
Lengkok Bahru
Telok Blangah Rise

❏ **CLUSTER SUPPORT / CREST @ TAMAN JURONG**

Provide case management for vulnerable seniors who have little or no family support.
Tel: **9455 2308**
Email: **clustersupport@ntuchealth.sg**
Boundaries served:

Boon Lay
Corporation
Jurong West
Kan Ching
Tat Ching
Tao Ching
Yung An
Yung Kang
Yung Loh
Yung Ping
Yung Sing

☐ CENTRALIZED CASE MANAGEMENT

Focuses on the planning, provision and coordination of care to meet the needs of the seniors.

Tel: **9455 2149**

Email: carecomms@ntuchealth.sg

Boundaries served:

Bukit Merah (areas not covered by Cluster Support /CREST @ Bukit Merah)

Admissions criteria:

All three criteria must be met:

1. Singapore Citizen or Singaporean PR and aged 60 & above
2. Lives alone / with an incompetent caregiver; and
3. Fulfils at least <u>one</u> of the following:

☐ Requires assistance in at least one ADL or IADL; issues relating to self-neglect/self-care, medicine compliance, or emotional support;

☐ Exhibits signs or diagnosed with depression / dementia; or

☐ Has complex needs requiring case management

(Senior who does not meet the criteria but have extenuating reasons would be considered on a case-by-case basis.)

☐ CARE COMMUNITIES @ BUKIT MERAH & TAMAN JURONG

A main focus area to develop proactive and preventative care plans for individuals to improve quality of life.

Tel: **9455 2149**

Email: carecomms@ntuchealth.sg

Boundaries served:

Bukit Merah:	Taman Jurong			
116 Bukit Merah View	**9A** Yuan Ching Rd	**111** Ho Ching Rd	**177** Yung Sheng Rd	**321** Tah Ching Rd
117 Bukit Merah View	**9B** Yuan Ching Rd	**112** Ho Ching Rd	**178** Yung Sheng Rd	**322** Tah Ching Rd
119 Bukit Merah View	**9C** Yuan Ching Rd	**113** Tao Ching Rd	**179** Yung Sheng Rd	**323** Tah Ching Rd
120 Bukit Merah View	**9D** Yuan Ching Rd	**114** Ho Ching Rd	**180** Yung Sheng Rd	**324** Tah Ching Rd
124A Bukit Merah View	**9E** Yuan Ching Rd	**115** Ho Ching Rd	**181** Yung Sheng Rd	**325** Tah Ching Rd
124B Bukit Merah View	**9F** Yuan Ching Rd	**116** Ho Ching Rd	**182** Yung Sheng Rd	**326** Tah Ching Rd
125 Bukit Merah View	**9G** Yuan Ching Rd	**117** Ho Ching Rd	**183** Yung Sheng Rd	**327** Tah Ching Rd
126 Bukit Merah View	**9H** Yuan Ching Rd	**118** Corporation Dr	**184** Yung Sheng Rd	**328** Tah Ching Rd
128 Bukit Merah View	**121** Yuan Ching Rd	**119** Ho Ching Rd	**361** Yung An Rd	**329** Tah Ching Rd
129 Bukit Merah View	**122** Yuan Ching Rd	**120** Ho Ching Rd	**362** Yung An Rd	**330** Tah Ching Rd
130 Bukit Merah View	**357** Yung An Rd	**359** Yung An Rd	**363** Yung An Rd	
	358 Yung An Rd	**360** Yung An Rd		

Admissions criteria:
1. Singapore Citizen or Singapore PR
2. aged 50 & above

(Please fill in pg 5 to 8)

CONSENT TAKING (*Compulsory for all services)

I, ________________________ (name) of ________________________ (organisation) have requested for and received consent from the patient/client to refer him/her to you for your services.

I also agree and undertake to:

A. *notify NTUC Health if he/she withdraws his/her consent to the use and disclosure of his/her Personal Data for this purpose;*

B. *assist NTUC Health promptly with all access requests and complaints which may be received from individuals regarding the use of their personal data by the Company;*

Personal Data Protection Act

For the purpose of the Personal Data Protection Act ("PDPA"), the Parties consent to provide their personal data to NTUC Health and its affiliates for collection, use and disclosure for the purposes described in our Privacy Policy which can be found on our website ntuchealth.sg/privacy-policy/. Detailed information of what will be shared is described in the Privacy Policy, as well as the rights the Parties are entitled to, including the option to not share their information. You can also request a printed copy of the privacy policy if required.

C. *CLIENT'S PERSONAL PARTICULARS

Name		☐ Male	☐ Female
NRIC/Passport/FIN/UIN/No.		☐ Pink / Singaporean ☐ Blue / S'pore PR	
Date of Birth (DD/MM/YYYY)		**Age:**	
NRIC Address			
Postal Code			
Service Address	**(if different from NRIC)**		

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Contact No.	(Mobile)	(Home)
Weight	Kg	
Marital Status	☐ Single ☐ Married ☐ Widowed	☐ Separated ☐ Divorced
Language Spoken	☐ English ☐ Mandarin ☐ Hokkien ☐ Teochew ☐ Cantonese	☐ Malay ☐ Hindi ☐ Tamil ☐ Others:
Religion	☐ Buddhist ☐ Taoist ☐ Islam	☐ Christian ☐ Catholic ☐ Others:
Accommodation	☐ Private ☐ HDB: 1/2/3/4/5 (Please circle) ☐ Exec/Others	
Housing Type	☐ Rental ☐ Lodged	☐ Purchased
Lift-landing	☐ Yes	☐ No

D. *CLIENT'S FUNCTIONAL STATUS

Mobility	☐ Walk with / without walking aid ☐ Others:	☐ Wheelchair bound ☐ Bedridden
Feeding	☐ Independent ☐ Need Assistance	☐ Dependent: Oral / NG Tube / PEG (please circle)
Toileting	☐ Independent ☐ Need Assistance	☐ Incontinent : Diaper / Urinary Catheter (please circle)
Bowel	☐ Continent	☐ Colostomy

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Management	☐ Diapers ☐ Others:	☐ Ileostomy
Respiratory Care	☐ NA ☐ BIPAP ☐ Suction	☐ Tracheostomy Care ☐ Oxygen Therapy ☐ Others:

E. *CAREGIVER'S PARTICULARS

Name		Relationship	
Contact No.	(Mobile)	(Home)	
Remarks (please indicate detail, if any)			

F. *NATIONAL MEANS TESTING SYSTEM (NMTS)

☐ **Yes**: 0%, 30%, 50%, 60%, 75%, 80% (please circle the appropriate subsidy level)

Date of expiry (DD/MM/YYYY): _______________

☐ Client is unsure if he/she has applied for NMTS. Client has given consent to check the subsidy level.

☐ No, client would like to apply for NMTS to check on eligibility.

☐ No, client is not eligible for NMTS.

G. *REFERRAL SOURCE *(Person putting up this referral)*

Name		
Organization & Dept.		
Contact No.	(Mobile)	(Office)
Email.		
Date of Referral		
Signature		

H. *RECOMMENDATION

I. FOR NTUC HEALTH OFFICIAL USE

Date of Assignment		Date of endorsement	
Name of Staff		Name of endorsing officer	
Name of assigned care coordinator			

ANNEX 1

SERVICES REQUIRED (*Please tick as appropriate)*

HOME CARE SERVICES
☐ **Home Medical (Refer to Section J)**: ☐ Follow-up of chronic illness/Prescription of medication ☐ Assessment from FAR (Functional Assessment Report) ☐ Others:
☐ **Home Nursing (Refer to Section J & K)**: ☐ BP and vital signs monitoring and education ☐ Care Coordination ☐ Changing of nasogastric tube (NGT) ☐ Changing of Urinary Catheters (Female) ☐ Injection ☐ Medication Packing ☐ Phlebotomy Service ☐ Wound and Stoma Care ☐ Disability Assessment ☐ Others: (Please specify) i.e. SMF consumables application (where applicable)
☐ **Home Rehabilitation (Refer to Sections J & L):** ☐ Home Environment Review ☐ Physiotherapy ☐ Occupational Therapy ☐ Speech Therapy ☐ Others: (Please specify) i.e. SMF device application (where applicable)
☐ **Home Personal Care Services (Refer to Section J)**: ☐ Assist in maintenance exercises as prescribed by therapists ☐ Companionship and recreation activities ☐ Light grocery shopping (purchases not more than 3kg within walking distance of client's residential address) ☐ Medical escort without transport service ☐ Mind stimulating activities (for dementia clients) ☐ Personal hygiene (Showering/bed bath) ☐ Respite care for caregivers ☐ Simple meal preparation / Assist in purchasing of food ☐ Others (Please specify): i.e. Light Housekeeping (client living alone, living with aged caregiver etc.)

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ANNEX 2

<u>SERVICES REQUIRED</u> (*Please tick as appropriate)*

DAY CARE SERVICES
☐ **<u>Day Care Services (Refer to Section J)</u>**: ☐ Maintenance Day Care (MDC) ☐ *Dementia Day Care (DDC) ☐ *Enhanced Dementia Day Care (EDDC) ☐ Transport * *Clients with a diagnosis of dementia by a Singapore Medical Council-registered medical practitioner.*
<u>Centre Based Nursing (Refer to Section J)</u>: ☐ Post-surgical wound management ☐ Insertion of nasogastric tube (NGT) ☐ Care of PEG tube and dressing ☐ Wound management ☐ Tracheostomy care and dressing ☐ Stoma Care ☐ Care of nephrostomy tube and dressing ☐ Urinary catheter care and change of Urinary Catheters (Female) ☐ Post-procedural medication administration, as ordered by medical personnel ☐ Assistance with bowel elimination (e.g. enema or insertion of suppositories, as ordered by as Singapore Medical Council registered medical practitioner)
☐ **<u>Day Rehabilitation (Refer to Sections J):</u>** ☐ Physiotherapy ☐ Occupational Therapy ☐ Speech Therapy

ANNEX 3

J. ***<u>DOCUMENTS REQUIRED FOR ALL REFERRALS</u>***

(Please submit all documents within 2 working days from date of referral)

****The memo should include (latest copy with a validity of 1 year or less):***

1. *Primary medical diagnoses and other secondary medical conditions, previous surgical and hospitalisation history*
2. *Drug history including allergies and medication needs*

K. ***<u>ADDITIONAL DOCUMENTS REQUIRED FOR HOME NURSING REFERRALS</u>***

1. *To attach a wound chart for wound dressing referrals.*
2. *To state brand & size of tube/catheter, and date due for change (for NGT/IDC Referrals)*

L. ***<u>ADDITIONAL DOCUMENTS REQUIRED FOR HOME REHABILITATION REFERRALS</u>***

1. *Doctor to certify client's need for HOME REHABILITATION (e.g. Inconvenient to go for Day Rehab/Rehab SOC)*
2. *Need to state* ***"FIT" for THERAPY, "Will benefit for rehabilitation"***