HOSPIS MALAYSIA

PATIENT REFERRAL FORM

PLEASE USE BLACK INK TO COMPLETE THIS FORM.



HOSPIS MALAYSIA (223675-X) 2 Jalan 4/96 off Jalan Sekuci Taman Sri Bahtera Jalan Cheras 56100 Kuala Lumpur Tel :(03) 9133 3936 Fax :(03) 9133 3941 E-mail :patientcare@hospismalaysia.org Website :www.hospismalaysia.org

PATIENT DETAILS	
Patient Name:	Patient is currently:
	□ At Home □ In Hospital
I.C. No.: Reg. No.:	Others, please specify: Detiont is aware and agrees to referral
reg. No	 Patient is aware and agrees to referral Family is aware and agrees to referral
Address:	
	Name of Main Carer:
	Relationship to Patient:
Tel No: (Home) (Mobile)	Tel No:
Other contacts:	
Maia Diagna ain	
Main Diagnosis:	
Prognosis:	
Other relevant medical conditions:	
Summary of treatment-to-date and future plan:	
Current palliative care problems (physical/social/psych	
1.	4.
2.	5.
3.	6.
	0.
Current medications:	
1.	5.
2.	6.
3.	7.
4.	8.
Referrer's Signature:	Name: Job Title:
	Organisation Name
Date:	Organisation Name : Contact No.:
Contact No.:	
supporting TO CONTACT HOSPIS MALAYSIA	



1. Call Hospis Malaysia at 03-9133 3936, fax to 03-9133 3941, or email to <u>patientcare@hospismalaysia.org</u>

2. This form may either be given to the patient, or kept at the Ward if the patient is still in the hospital.

3. We discourage mailing the form to us as this could cause considerable delay in attending to the patient's assessment.

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