HOSPIS MALAYSIA

PATIENT REFERRAL 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
Email : patientcare@hospismalaysia.org
Website : www.hospismalaysia.org

PLEASE **USE BLACK INK** TO COMPLETE THIS FORM.

PATIENT DETAILS	
Patient Name:	Patient is currently: ☐ At Home ☐ In Hospital
I.C. No.: Reg. No.:	☐ Others, please specify: ☐ Patient is aware and agrees to referral ☐ Family is aware and agrees to referral
Address:	**CARER DETAILS** Name of Main Carer: Relationship to Patient:
Tel No: (Home) (Mobile)	Tel No:
Other contacts:	
Main Diagnosis: Prognosis:	
Other relevant medical conditions:	
Summary of treatment-to-date and future plan:	
Current palliative care problems (physical/social/psychological/spiritual):	
1. 2. 3.	4. 5. 6.
Current medications:	
1. 2. 3. 4.	5. 6. 7. 8.
Referrer's Signature: Date:	Name: Job Title: Organisation Name : Contact No.:
Consultant / Specialist:	

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TO CONTACT HOSPIS MALAYSIA

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