



# REFERRAL FORM

**Community Health Centre (CHC)**

*\*For Doctor's Use Only*

For appointment, please call **65079491**

## PATIENT'S PARTICULARS

Name :

NRIC / FIN :

## SERVICES REQUESTED:

Diabetic Retinal Photography

Diabetic Foot Screening

Dietetic Service

Nurse Counselling & Education

## PATIENT'S MEDICAL BACKGROUND

Diabetes

Hyperlipidaemia

Hypertension

Cataract

Others: \_\_\_\_\_

Referral Clinic Details (Clinic Stamp, if any):

Name & Signature of Doctor:

Date:

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## CHC Operating Hours

8.30a.m. – 6p.m.(Mon – Fri)

8.30a.m. – 12.30p.m. (Sat)

Closed on Sundays & Public Holidays

17 Ang Mo Kio Ave 9 Singapore 569766

SBS Bus 268, 76, 265

Nearest MRT Station Yio Chu Kang

DID (65) 6507 9491 | Main (65) 6453 8033

Fax (65) 6507 9492

Email: [chc@amkh.org.sg](mailto:chc@amkh.org.sg)

