

# Referral Form

## Diabetes Support Services

EASTERN  
COMMUNITY  
HEALTH CENTRE



Changi  
General Hospital  
SingHealth

**For Appointment,  
Eastern CHC (Tampines)  
Tel: 6782 6885 Fax: 6782 9591**

### PATIENT PARTICULARS (or affix patient's label)

Name: \_\_\_\_\_

NRIC: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: F / M

Address: \_\_\_\_\_

\_\_\_\_\_ ContactNo: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

Time of Appointment: \_\_\_\_\_

### SERVICES REQUESTED (by appointment only)

- Digital Diabetic Retinal Photography (DDRP)     Diabetic Foot Screening (DFS)
- Nurse Counselling & Education Services (NCE)
- Healthy lifestyle education     Insulin therapy     Medication education
- Dietetic Service (DS)

### PATIENT'S MEDICAL BACKGROUND

Drug allergy:  Yes  No    Specify: \_\_\_\_\_

HbA1c Results: \_\_\_\_\_ Date of last HbA1c test: \_\_\_\_\_

Fasting Blood Sugar: \_\_\_\_\_ Date of last Fasting Blood Sugar test: \_\_\_\_\_

Existing Medical Conditions

- |                                    | Year of Diagnosis |                                       | Year of Diagnosis |
|------------------------------------|-------------------|---------------------------------------|-------------------|
| <input type="radio"/> Diabetes     | (       )         | <input type="radio"/> Hyperlipidaemia | (       )         |
| <input type="radio"/> Hypertension | (       )         | <input type="radio"/> Others: _____   | (       )         |

Current Medications: \_\_\_\_\_

Referral Clinic (Clinic Stamp with tel and fax):

Name of Doctor: \_\_\_\_\_

MCR No.: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Operating Hours** (By appointment only)  
Monday to Friday  
8.30am to 12.00pm  
1.00pm to 5.00pm

**Eastern Community Health Centre (Tampines)**  
Our Tampines Hub 1 Tampines Walk,  
#03-33, Singapore 528523  
Tel: 6782 6885 Fax: 6782 9591