



太和醫院 THK  
ANG MO JOO  
THYE HUA KWAN HOSPITAL  
太和醫院

# 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: