

CareLine Referral Form

Please email the completed form to careline@cgh.com.sg.

* Mandatory fields

Referral Source			
Agency: *			
Contact Person: *		Designation: *	
Email: *		Contact No: *	

Client's Particulars			
Name (as in NRIC): *		NRIC: *	
DOB: *		Age: *	
Nationality: *		Race: *	
Marital Status:		Gender: *	<input type="checkbox"/> Male <input type="checkbox"/> Female
Residential Address: *			
Contact No: *	Home:		Mobile:
Spoken Language: *	<input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Hokkien <input type="checkbox"/> Cantonese <input type="checkbox"/> Others. Please specify:		
Background of client :			

Privacy and Confidentiality Statement:

1. This information is collected for the purpose of referral to Changi General Hospital (CGH)'s CareLine Service.
2. I warrant that the information provided on this form is true, complete and accurate.
3. I warrant that I have obtained the consent of the individual in this referral form for the disclosure of their personal information to CGH, and that Client agreed to be bound by all terms and conditions of CareLine.
4. In consideration of CGH agreeing to use the information for CareLine, to the maximum extent permitted under applicable law, I agree that I will, at all times, fully indemnify CGH, its respective partners and service providers and their staff for any claims which may be brought against CGH, its respective partners and service providers and their staff should any warranty I give be false or inaccurate.

Referral Source Staff Signature: *			
Staff Name: *		Date: *	

Official Use		
Referral received on:		
Referral received via:	<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Others. Please specify:	
Status:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Pending	
Remarks: (Reasons for rejection or pending)		
Processed by: (Staff Name and Signature)		Date:
Approved by: (Staff Name and Signature)		Date: