# Referral Form Physiotherapy

EASTERN
COMMUNITY
HEALTH CENTRE
Changi
General Hospital
SingHealth

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

PATIENT PARTICULARS	
Name:	
NRIC:	
Date of Birth:	_Gender: F / M
Address:	
ContactNo:_	
Date of Appointment:	
Time of Appointment:	

### PATIENT'S MEDICAL BACKGROUND Clinical Diagnosis: **Existing Medical Conditions** Year of Diagnosis Year of Diagnosis ) Neuromuscular Conditions O Cardiovascular Disease ( ) O Hypertension ( ) Osteoporosis ( ) O Dyslipidaemia ) Arthritis ) O Diabetes Mellitus Joint Instability ) ) O COPD / Asthma O Overweight ) Other relevant medical information / Precautions O Family history of heart attack / sudden death O Experience dizziness or lose consciousness O Pregnant (for females) O Others: O Medications:

## PHYSIOTHERAPY SERVICES REQUESTED (by appointment only)

- O Fitness Advice / Conditioning
- O Falls Risk Assessment / Balance Training
- O Musculoskeletal Physiotherapy

All patients at Eastern CHC must be referred by a General Practitioner and aged 6 years and above.

Referral Clinic (Clinic Stamp with tel and fax):	Name of Doctor:
	MCR No.:
	Signature:
	Date:

INFORMATION FOR PATIENT: Come dressed in exercise attire and comfortable shoes.

#### **Contact Us**

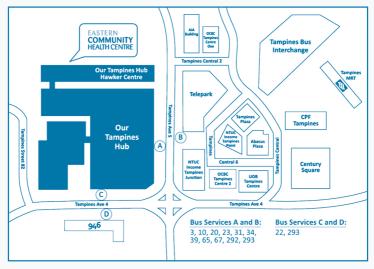
E-mail: eastern.chc@cgh.com.sg

## **Eastern Community Health Centre (Tampines)**

#### **Operating Hours:**

Monday to Friday: 8.30am to 12.00pm, 1.00pm to 5.00pm

Closed on Saturdays, Sundays and Public Holidays



Our Tampines Hub 1 Tampines Walk, #03-33, Singapore 528523

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