

Physiotherapy Referral Form

PATIENT PARTICULARS (or Affix Patient's Label)

Name: _____

NRIC No.: _____

Date of Birth: _____ Gender: F / M

Address: _____

Contact No.: _____

Date of Appointment: _____

Time of Appointment: _____

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

PATIENT'S MEDICAL BACKGROUND

Clinical Diagnosis: _____

Existing Medical Conditions

	Year of Diagnosis		Year of Diagnosis
<input type="radio"/> Cardiovascular Disease	()	<input type="radio"/> Neuromuscular Conditions	()
<input type="radio"/> Hypertension	()	<input type="radio"/> Osteoporosis	()
<input type="radio"/> Dyslipidaemia	()	<input type="radio"/> Arthritis	()
<input type="radio"/> Diabetes Mellitus	()	<input type="radio"/> Joint Instability	()
<input type="radio"/> Overweight	()	<input type="radio"/> COPD / Asthma	()

Other Relevant Medical Information / Precautions

- Family History of Heart Attack / Sudden Death
- Experience Dizziness or Lose Consciousness
- Pregnant (For Females)
- Others: _____

Medications: _____

PHYSIOTHERAPY SERVICES REQUESTED (By Appointment Only)

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

All patients at Eastern CHC must be referred by a General Practitioner and aged 18 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

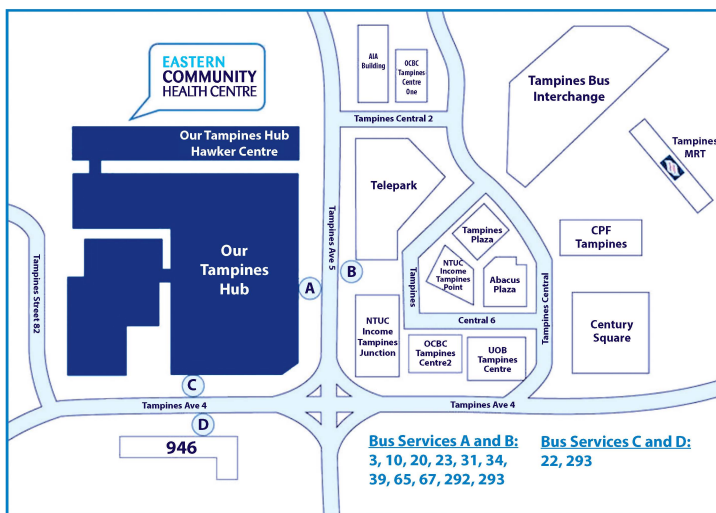
E-mail: eastern.chc@cgh.com.sg

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
Tel: 6782 6885 Fax: 6782 9591