CareLine
Care is a call away

CareLine Referral Form

Changi General Hospital
SingHealth

* Mandatory fields

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

Client's Particulars					
Name (as in NRIC): *				NRIC: *	
DOB: *				Age: *	
Nationality: *		Race: *		Gender: *	☐ Male ☐ Female
Living Status: *	☐ Alone ☐ With others. Please specify:			Marital Status:	
Residential Address: *					
Ownership: *	☐ Own ☐ Rental ☐Others:				
Housing Type:	☐ HDB. Please specify: ☐ Others. Please specify:				
Contact No: *	Home:			Mobile:	
Caregiver Contact No:	Name:			Relationship with client:	
	Home:			Mobile:	
Spoken Language: * *(Can tick more than one)*	☐ English ☐ Mandarin ☐ Malay ☐ Tamil ☐ Hokkien ☐ Cantonese ☐ Others. Please specify:				
Background of client:	☐Mentally well. ☐Able to speak coherently and relevantly ☐ Can use phone (Able to hear and dial out) Any other Background:				

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:	☐ Email ☐ Fax ☐ Mail ☐ Others. Please specify:		
Status:	☐ Approved ☐ Rejected ☐ Pending		
Remarks: (Reasons for rejection or pending)			
Processed by: (Staff Name and Signature)		**Date:**	
Approved by: (Staff Name and Signature)		**Date:**	