



PERTUBUHAN HOSPICE NEGERI SEMBILAN

No Pendaftaran PPM/NS/752

No. 41, Off Jalan Rasah
70300 Seremban
Negeri Sembilan

Telephone : 06-7621216
Fax No : 06-7671216

E-Mail: hospicens2012@yahoo.com

Patient Referral Form (note: Only referrals from doctors are accepted.)

Patient's Name Sex Age
I.C No. Religion Language spoken
Next of Kin Tel . No.: Hse. h/p
Address :
.....
..... Post Code:

History of Illness (Diagnosis (Disease, Stage, Duration?)

..... Stage Duration

Treatment (surgery, DXRT, ChemoRx, Dr., Hospital)

.....
.....
.....

Present Problems

.....
.....

Important * 1. Is the patient informed of the diagnosis? Yes/No
* 2. Is the patient informed of the prognosis? Yes/No
* 3. Is the patient/Caregiver agreeable to receiving Hospice Care? Yes/No

PLEASE PRINT LEGIBLY)

Referring Doctor Specialty

Hospital/Clinic
Address
.....

Tel . no. Office Fax
Email Add.

Doctor's signature Date

1. Fax/Call Pertubuhan Hospice Negeri Sembilan.
2. The form is to be given to the patient/caregiver.
3. Please use **black** ink.

For further INFORMATION/HELP please call : Tel 06-7621216 during office hours (9.00am – 4.30pm).
(We are an NGO and depend on donations. PLEASE HELP US TO HELP OTHERS !!)

*** Mandatory.**

All the above information is mandatory. If omitted, Pertubuhan Hospice Negeri Sembilan has the right to refuse palliative care