



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

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 06-7621216/012-3861189

(We are an NGO and depend on donations. PLEASE HELP US TO HELP OTHERS !!)