

**Community Resource, Engagement and Support Team (CREST)
REFERRAL FORM**

Email: crest@ntuhealth.sg

Telephone: **94552308**

Client's Name :

NRIC :

Or affix label here

I, _____ (name) of _____ (organisation) have requested for and received consent from the patient/client to refer him/her to NTUC Health for CREST Program.

I also agree and undertake to:

- *notify NTUC Health if he/she withdraws his/her consent to the use and disclosure of the Personal Data for this purpose;*
- *assist NTUC Health promptly with all access requests and complaints which may be received from individuals regarding the use of their personal data by the Company;*

Section 1: Referral Party Information	
ORGANISATION NAME / DEPARTMENT	
STAFF NAME / DESIGNATION	TEL
DATE OF REFERRAL	EMAIL

Section 2: Details of Client			
Date of Birth (dd/mm/yyyy)	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others
Current address of residence			Postal Code
Home Contact:	Mobile:	Citizenship: <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR	
Preferred language <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Dialect, Specify _____ (e.g. Hokkien, Cantonese, etc.)			

Section 3: Diagnosed Mental health /History (Please select all applicable fields)	
<input type="checkbox"/> Anxiety Disorder	<input type="checkbox"/> Schizophrenia
<input type="checkbox"/> Obsessive Compulsive Disorder	<input type="checkbox"/> Mild Cognitive Impairment (MCI)
<input type="checkbox"/> Depressive Disorder	<input type="checkbox"/> Dementia
<input type="checkbox"/> Bipolar Disorder	
<input type="checkbox"/> Others (including undiagnosed/suspected mental health), please specify: _____	

Section 4. Risk Assessment of Client (Please select if there has been any incidence within the last 3 months)	
<input type="checkbox"/> Suicide attempt	<input type="checkbox"/> Suicide Ideation
<input type="checkbox"/> Self-harm	<input type="checkbox"/> Violent behaviour
<input type="checkbox"/> Sexual offence	<input type="checkbox"/> Extreme impulsivity

- Active substance abuse Others: _____

Section 5. Behavioural problems: (Please select all applicable fields)

- Irrelevant and incoherent in holding a conversation
 Talking to himself or herself
 Expressed thoughts or ideas of other people spying or harming them.
 Challenging behaviours e.g screaming, shouting, agitated, aggressive
 Others, please specify: _____

SECTION 6: Recommendation

CREST serves as a basic community safety network to support those at risk of / with mental health conditions, and caregivers who need the additional support to care for their loved ones.

- Basic screening of mental health condition (Dementia, depression etc)
 Basic psychoeducation on mental health condition Others (please specify):
 Basic emotional support to client and caregiver
 Basic caregiver/ social support
 Monitoring/ engagement

SECTION 7: Remarks (Eg. Assessment done and scores)

Any other information:

SECTION 8: Criteria and Boundary for NTUC CREST

Anyone aged 18 and above residing in the below areas:

CREST Bukit Merah	CREST Jurong West 1 and 2	
Residences at Bukit Merah Jalan Bukit Merah Blk 1 -14, Hoy Fatt / Rumah Tinggi Blk 28, 35 – 40	Residences at Boon Lay Blk 167-172, 174-179, 180A-C, 181A-B, 188-191, 196A-B, 197A-D, 198-206, 257- 267, 268A-C Boon Lay Dr	Residences at Jurong Spring and Central Jurong West Blk 401 - 499 Jurong West Blk 501 - Blk 561B

<p>Lengkok Bahru Blk 43 – 63B</p> <p>Redhill Blk 68 – 90</p> <p>Henderson Road / Crescent Blk 91 – 93, 95A – 96B, 101 - 106</p> <p>Bukit Merah View Blk 116-121, 123, 124A/B, 125, 126, 128-130</p> <p>Bukit Merah Central Blk 115 – 117, 161 – 169</p> <p>Downtown Cluster: Ridout; Chatsworth; Tanglin; One Tree Hill; Leonie Hill; Paterson; Institution Hill; Oxley; Tyresall; Nassim; Orange Grove; Boulevard; Goodwood Park; Cairnhill; Somerset; Newton Circus; Monk’s Hill; Istana Negara</p>	<p>Blk 183A-D, 185-187, 216A-B, 217A-B, 218A-D</p> <p>Boon Lay Ave Blk 207-215,</p> <p>Boon Lay Place Blk 617-621, 626-636, 627A, 667A-D, 670A, 671A-C, 672A, 673A-C, 674A-B</p> <p>Boon Lay Ave Blk 183A-D,185-186,216A-B,218A-D</p> <p>Boon Lay Dr Blk 167-172,174-179,180A-C,181A-B,188-191,196A-B,197A-D,198-201,257-267,268A-C</p> <p>Boon Lay Place Blk 208-215</p>	<p>Residences at Jurong West</p> <p>Jurong West St 25 Blk 273A-276D</p> <p>Jurong West St 24 Blk 272A-272D</p> <p>Residences at Taman Jurong Blk 111- 122, 138-140, 150-166, 175-184</p> <p>Blk 321 - 339, Blk 345 - 364</p>
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