Doctor's Memo for NTUC Health Day Care and Home Care Services			
Name of Client:		**NRIC**:	
Any Drug Allergy:	☐ No ☐ Yes, please specify:		
Any Active Contagious / Infectious Disease:	☐ No ☐ Yes, please specify: Precaution: ☐ Standard ☐ Contact ☐ Others		
Past Medical History:	☐ No ☐ Yes, please specify:		
Current List of Medication:			

To complete if applying for dementia day care service (DDC):
Cognitive & Behavioral Symptoms (Please tick if present & provide details) ☐ Paranoid & Delusional Ideation: ☐ Hallucinations: ☐ Day/Night Disturbance: ☐ Anxieties & Phobia: Activity Disturbances: ☐ Wandering ☐ Purposeless activity ☐ Inappropriate activity Aggressiveness: ☐ Verbal Outburst ☐ Physical threats and/or violence ☐ Agitation Affective Disturbance: ☐ Tearfulness ☐ Depressed mood / others

To complete if applying for rehabilitation service:	
Home-based Rehabilitation:	Does Patient require rehabilitation ? ☐ Yes ☐ No If no:_____
Day Community Rehabilitation:	Does Patient require rehabilitation? ☐ Yes ☐ No If no:_____

Completed By:			
Name of Doctor, MCR No. & Designation:		**Signature:**	
Institution:	☐ Hospital Clinic, please specify which clinic and department: ☐ Polyclinic, please specify which polyclinic: ☐ GP / Others, please specify clinic:		
Date:			