

This referral can be used commonly to refer your client if more than one of the services is required. Please refer to the boundary listings below to facilitate selection of the appropriate service. The respective service will send an acknowledgement upon receipt of the referral.

NTUC HEALTH APPLICATION FORM

HOME CARE SERVICE (Refer to Annex 1 for details)

Home Medical

Home Nursing

Home Therapy

Home Personal Care

***Interim Caregiver Services – NTUC Health offers interim caregiver services but referral has to be made through a restructured hospital or community hospital referral team.

Tel: 6715 6715 Email: homecare@ntuhealth.sg

DAY CENTRES FOR SENIORS (Refer to Annex 2 for details)

DAY REHABILITATION

Centre Locations:

South:

- Henderson
- Bukit Merah
- Bukit Merah View
- Radin Mas

West:

- Boon Lay
- Bukit Batok West
- Jurong Central
- Jurong Central Plaza
- Jurong Spring
- Jurong West
- Taman Jurong

Central/North:

- Ci Yuan
- Kampung Admiralty
- Marsiling
- Punggol South
- Serangoon Central
- Toa Payoh

East:

- Chai Chee
- Dakota
- Fengshan
- Geylang East
- Heartbeat@Bedok
- Pasir Ris
- Pasir Ris Central
- Tampines
- Wisma Geylang Serai

Tel: 6715 6762 Email: seniordaycare@ntuhealth.sg

Community Case Management Service (CCMS)

The eligibility criteria for CCMS are:

Seniors (aged 60 and above) and meet at least

- 2 items from Domain A; or
- 1 item from Domain A and 1 item from Domain B; or
- 1 item from Domain A and 1 item from Domain C

Exclusion criteria:

- Need 24 hours care (e.g. bedbound) and have no caregiver*
- Uncontrolled psychiatric disorders and/or behavioural problems*
- Already enrolled into other case management programmes*

Domain A: Psycho-social Impairment

- No caregiver/caregiver issues (e.g. caregiver unable to cope, caregiver is unable to care for client); or
- Family/domestic issues (e.g. neglect, mistreated, abused); or
- Social isolation/low mood (e.g. withdrawal from interest and family, anxious, depressed or self-injurious ideation); or
- Require review on environmental safety/unstable housing arrangement (e.g. hoarding, cluttering, needs home improvement).

Domain B: Complex medical issues

- Poorly controlled chronic condition(s) or advanced disease(s), which requires assistance and monitoring.

Domain C: Functional Impairment

- Physical, mental or cognitive impairment affecting Activities of Daily Living (ADL) and/or Instrumental Activities of Daily Living (IADL) or behaviour, which require coordination of services to remain in the community.

Tel: 8612 8302 Email: ccms@ntuhealth.sg

CENTRALISED CASE MANAGEMENT

Focuses on the planning, provision and coordination of care to meet the needs of the seniors.

Tel: 9455 2149 Email: carecomms@ntuhealth.sg

Boundaries served: Bukit Merah (areas not covered by Cluster Support / CREST @ Bukit Merah)

Admissions criteria:

All three criteria must be met:

1. Singapore Citizen or Singaporean PR and aged 60 & above
2. Lives alone / with an incompetent caregiver; and
3. Fulfils at least one of the following:
 - Requires assistance in at least one ADL or IADL; issues relating to self-neglect/self-care, medicine compliance, or emotional support;
 - Exhibits signs or diagnosed with depression / dementia; or
 - Has complex needs requiring case management

(Senior who does not meet the criteria but has extenuating reasons would be considered on a case-by-case basis.)

COMMUNITY BEFRIENDING PROGRAMME

Volunteer befrienders visit seniors in their neighbourhood regularly to enable age in place in their community for as long as possible.

12 constituencies:

- | | |
|--|--|
| <input type="checkbox"/> Admiralty-Woodlands-Marsiling | <input type="checkbox"/> Jurong Spring |
| <input type="checkbox"/> Ayer Rajah | <input type="checkbox"/> Lengkok Bahru |
| <input type="checkbox"/> Bukit Batok | <input type="checkbox"/> Nanyang |
| <input type="checkbox"/> Dawson | <input type="checkbox"/> Radin Mas |
| <input type="checkbox"/> Henderson | <input type="checkbox"/> Taman Jurong |
| <input type="checkbox"/> Jurong Central | <input type="checkbox"/> Whampoa |

Mobile - 9668 9218 Email - spencer.loke@ntuhealth.sg

CARE COMMUNITIES @ BUKIT MERAH & TAMAN JURONG

A main focus area to develop proactive and preventative care plans for individuals to improve quality of life.

Boundaries served:

Bukit Merah:

Taman Jurong:

| | | | | |
|-----------------------|-------------------|--------------------|-------------------|------------------|
| 116 Bukit Merah View | 9A Yuan Ching Rd | 111 Ho Ching Rd | 177 Yung Sheng Rd | 321 Tah Ching Rd |
| 117 Bukit Merah View | 9B Yuan Ching Rd | 112 Ho Ching Rd | 178 Yung Sheng Rd | 322 Tah Ching Rd |
| 119 Bukit Merah View | 9C Yuan Ching Rd | 113 Tao Ching Rd | 179 Yung Sheng Rd | 323 Tah Ching Rd |
| 120 Bukit Merah View | 9D Yuan Ching Rd | 114 Ho Ching Rd | 180 Yung Sheng Rd | 324 Tah Ching Rd |
| 124A Bukit Merah View | 9E Yuan Ching Rd | 115 Ho Ching Rd | 181 Yung Sheng Rd | 325 Tah Ching Rd |
| 124B Bukit Merah View | 9F Yuan Ching Rd | 116 Ho Ching Rd | 182 Yung Sheng Rd | 326 Tah Ching Rd |
| 125 Bukit Merah View | 9G Yuan Ching Rd | 117 Ho Ching Rd | 183 Yung Sheng Rd | 327 Tah Ching Rd |
| 126 Bukit Merah View | 9H Yuan Ching Rd | 118 Corporation Dr | 184 Yung Sheng Rd | 328 Tah Ching Rd |
| 128 Bukit Merah View | 121 Yuan Ching Rd | 119 Ho Ching Rd | 361 Yung An Rd | 329 Tah Ching Rd |
| 129 Bukit Merah View | 122 Yuan Ching Rd | 120 Ho Ching Rd | 362 Yung An Rd | 330 Tah Ching Rd |
| 130 Bukit Merah View | 357 Yung An Rd | 359 Yung An Rd | 363 Yung An Rd | |
| | 358 Yung An Rd | 360 Yung An Rd | | |

Admissions criteria:

1. Singapore Citizen or Singapore PR
2. aged 50 & above

(Please fill in pg 5 to 8)

Tel: 9455 2149 Email: carecomms@ntuhealth.sg

CONSENT TAKING (Compulsory for all services)

I, _____ (name) of _____ (name of organisation/indicate "NA" if the application is for self or family member) have requested for and received consent from the patient/client to refer him/her to you for your services.

I also agree and undertake to:

- A. *notify NTUC Health if he/she withdraws his/her consent to the use and disclosure of his/her Personal Data for this purpose;*
- B. *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;*

Personal Data Protection Act

For the purpose of the Personal Data Protection Act ("PDPA"), the Parties consent to provide their personal data to NTUC Health and its affiliates for collection, use and disclosure for the purposes described in our Privacy Policy which can be found on our website ntuhealth.sg/privacy-policy/. Detailed information of what will be shared is described in the Privacy Policy, as well as the rights the Parties are entitled to, including the option to not share their information. You can also request a printed copy of the privacy policy if required.

HOW DID YOU KNOW ABOUT US?

| | |
|--|---|
| <input type="checkbox"/> NTUC Health's Corporate Website | <input type="checkbox"/> Poster/Banner/Brochure/Flyer |
| <input type="checkbox"/> Referred by Healthcare Institution (e.g. polyclinic/GP/hospital): | |
| <input type="checkbox"/> Referred by Community Partner (e.g. SSO/FSC/AAC): | |
| <input type="checkbox"/> Referred by Existing Client | <input type="checkbox"/> Referred by Family/Friend |
| <input type="checkbox"/> Internet Web Search (e.g. Google/Bing/Yahoo): | |
| <input type="checkbox"/> Third Party Social Media (e.g. Facebook/Instagram/Youtube): | |
| <input type="checkbox"/> Third Party Websites (e.g. AIC): | |
| <input type="checkbox"/> Others (Please Specify): | |

C. CLIENT'S PERSONAL PARTICULARS

| | | |
|----------------------------|--|--|
| Name | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| NRIC/Passport/FIN/UIN/No. | | <input type="checkbox"/> Pink / Singaporean <input type="checkbox"/> Blue / S'pore PR |
| Date of Birth (DD/MM/YYYY) | | Age: |

| | | |
|-----------------|---|--|
| NRIC Address | | |
| Postal Code | | |
| Service Address | (if different from NRIC) | |
| Contact No. | (Mobile): | (Home): |
| Weight | kg | |
| Marital Status | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed | <input type="checkbox"/> Separated <input type="checkbox"/> Divorced |
| Language Spoken | <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Hokkien <input type="checkbox"/> Teochew <input type="checkbox"/> Cantonese | <input type="checkbox"/> Malay <input type="checkbox"/> Hindi <input type="checkbox"/> Tamil <input type="checkbox"/> Others: |
| Religion | <input type="checkbox"/> Buddhist <input type="checkbox"/> Taoist <input type="checkbox"/> Islam | <input type="checkbox"/> Christian <input type="checkbox"/> Catholic <input type="checkbox"/> Others: |
| Accommodation | <input type="checkbox"/> Private <input type="checkbox"/> HDB: 1/2/3/4/5 (Please circle) <input type="checkbox"/> Exec/Others | |
| Housing Type | <input type="checkbox"/> Rental <input type="checkbox"/> Lodged <input type="checkbox"/> Purchased | |
| Lift-landing | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

D. CLIENT'S FUNCTIONAL STATUS

| | | |
|--------------------|--|---|
| Visual Impairment | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Hearing Impairment | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Mental Status: | <input type="checkbox"/> Rational <input type="checkbox"/> Confused | <input type="checkbox"/> Unable to respond <input type="checkbox"/> Others: |
| Mobility | <input type="checkbox"/> Walk with / without walking aid <input type="checkbox"/> Others: | <input type="checkbox"/> Wheelchair bound <input type="checkbox"/> Bedridden |

| | | |
|------------------|--|--|
| Feeding | <input type="checkbox"/> Independent <input type="checkbox"/> Need Assistance | <input type="checkbox"/> Dependent: Oral / NG Tube / PEG (please circle) |
| Toileting | <input type="checkbox"/> Independent <input type="checkbox"/> Need Assistance | <input type="checkbox"/> Incontinent : Diaper / Urinary Catheter (please circle) |
| Bowel Management | <input type="checkbox"/> Continent <input type="checkbox"/> Diapers <input type="checkbox"/> Others: | <input type="checkbox"/> Colostomy <input type="checkbox"/> Ileostomy |
| Respiratory Care | <input type="checkbox"/> NA <input type="checkbox"/> BIPAP <input type="checkbox"/> Suction | <input type="checkbox"/> Tracheostomy Care <input type="checkbox"/> Oxygen Therapy <input type="checkbox"/> Others |

E. **NATIONAL MEANS TESTING SYSTEM (NMTS)

- Yes: 0%, 30%, 50%, 60%, 75%, 80% (please circle the appropriate subsidy level)
- Date of expiry (DD/MM/YYYY) : _____
- Client is unsure if he/she has applied for NMTS. Client has verbally given consent to check the subsidy level.
- No, the client is not eligible for NMTS.

***To update household information or request for an appeal, you can access the MediShield Life e-Service Portal at <https://household-check.moh.gov.sg> and login with SingPass via the 'Login To Access Your Household Information' button*

F. SPOKESPERSON'S/MAIN DECISION MAKER'S PARTICULARS

| | | | |
|---|------------|----------------|--|
| Name: | | Relationship : | |
| Contact No. : | (Mobile) : | (Home) : | |
| Remarks: (please indicate detail, if any) | | | |

G. REFERRAL SOURCE (For Organization Use)

| | | | |
|---------------------------|------------|------------|--|
| Name | | | |
| Organization & Department | | | |
| Contact No. | (Mobile) : | (Office) : | |
| Email. | | | |
| Date of Referral | | | |
| Signature | | | |

H. FOR OFFICIAL USE

| | | | |
|-----------------------------------|--|---------------------------|--|
| Date of Assignment | | Date of endorsement | |
| Name of Staff | | Name of endorsing officer | |
| Name of assigned care coordinator | | | |

ANNEX 1

SERVICES REQUIRED (Please tick as appropriate)

| HOME CARE SERVICES |
|--|
| <input type="checkbox"/> Home Medical (Refer to Section I): <input type="checkbox"/> Follow-up of chronic illness / Prescription of medication <input type="checkbox"/> Assessment from FAR (Functional Assessment Report) <input type="checkbox"/> Others: |
| <input type="checkbox"/> Home Nursing (Refer to Section I & J): <input type="checkbox"/> BP and vital signs monitoring and education <input type="checkbox"/> Care coordination <input type="checkbox"/> Changing of nasogastric tube (NGT) <input type="checkbox"/> Changing of urinary catheters (female) <input type="checkbox"/> Injection <input type="checkbox"/> Medication packing <input type="checkbox"/> Phlebotomy service <input type="checkbox"/> Wound and stoma care <input type="checkbox"/> Disability assessment <input type="checkbox"/> Others: (Please specify) i.e. SMF consumables application (where applicable) |
| <input type="checkbox"/> Home Therapy (Refer to Sections I & K): <input type="checkbox"/> Home environment review <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Occupational therapy <input type="checkbox"/> Speech therapy <input type="checkbox"/> Tele-rehabilitation <input type="checkbox"/> Others: (Please specify) i.e. SMF device application (where applicable) |
| <input type="checkbox"/> Home Personal Care Services (Refer to Section I): <input type="checkbox"/> Assist in maintenance exercises as prescribed by therapists <input type="checkbox"/> Companionship, mentally-stimulating activities <input type="checkbox"/> Light grocery shopping (purchases not more than 3kg within walking distance of client's service address) <input type="checkbox"/> Medical accompaniment (without transportation) <input type="checkbox"/> Personal hygiene (showering / bed bath) <input type="checkbox"/> Respite care for caregivers <input type="checkbox"/> Simple meal preparation / Assist in purchasing of food <input type="checkbox"/> Others (Please specify): |

ANNEX 2

| DAY CARE SERVICES |
|---|
| <input type="checkbox"/> Day Care Services (Refer to Section I): <input type="checkbox"/> Maintenance Day Care (MDC) <input type="checkbox"/> *Dementia Day Care (DDC) <input type="checkbox"/> Transport <i>* Clients with a diagnosis of dementia by a Singapore Medical Council-registered medical practitioner.</i> |
| <input type="checkbox"/> Centre-based Nursing (Refer to Section I): <input type="checkbox"/> Post-surgical wound management <input type="checkbox"/> Insertion of nasogastric tube (NGT) <input type="checkbox"/> Care of PEG tube and dressing <input type="checkbox"/> Wound management <input type="checkbox"/> Tracheostomy care and dressing <input type="checkbox"/> Stoma care <input type="checkbox"/> Care of nephrostomy tube and dressing <input type="checkbox"/> Urinary catheter care and change of urinary catheters (female) <input type="checkbox"/> Post-procedural medication administration, as ordered by medical personnel <input type="checkbox"/> Assistance with bowel elimination (e.g. enema or insertion of suppositories, as ordered by as Singapore Medical Council-registered medical practitioner) |
| <input type="checkbox"/> Day Rehabilitation (Refer to Sections I): <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Tele-rehabilitation |

I. **DOCUMENTS REQUIRED FOR ALL REFERRALS**

(Please submit all documents within 2 working days from date of referral)

The memo should include (latest copy with a validity of 1 year or less):

1. Primary medical diagnoses and other secondary medical conditions, previous surgical and hospitalisation history
2. Drug history including allergies and medication needs

J. **ADDITIONAL DOCUMENTS REQUIRED FOR HOME NURSING REFERRALS**

1. To attach a wound chart for wound dressing referrals.
2. To state brand & size of tube/catheter, and date due for change (for NGT/IDC Referrals)

K. **ADDITIONAL DOCUMENTS REQUIRED FOR HOME THERAPY REFERRALS**

1. Doctor to certify client's need for HOME THERAPY (e.g. Inconvenient to go for Day Rehab/Rehab SOC)