

HOSPIS MALAYSIA PATIENT REFERRAL FORM



HOSPIS MALAYSIA (223675-X)
2, Jalan 4/96, Off Jalan Sekuci,
Taman Sri Bahtera,
Jalan Cheras,
56100 Kuala Lumpur.
Tel: 03-9133 3936
Fax: 03-9133 3941
Email: info@hospismalaysia.org
Website: www.hospismalaysia.org

NOTE: *Only referrals from DOCTORS will be accepted as this service works best as a complement to medical care.*
PLEASE **USE BLACK INK** TO COMPLETE THIS FORM.

Patient's Name: _____ IC No.: _____

Reg. No.: _____ Home Phone: _____ Sex: _____ Age: _____

Address: _____

Next of Kin: _____

Languages Spoken: _____

History / Diagnosis & Present Problems: _____

Treatment / Medication: _____

Prognosis: _____

Has the patient been informed of the diagnosis? Yes / No _____ Date of Diagnosis _____

Has the patient been informed of the prognosis? Yes / No _____

Referring Doctor: _____ Speciality: _____

Specialist Consultant: _____

Hospital / Name of Clinic: _____

Address: _____

Office Phone No.: _____ Fax. No.: _____

Referring Doctor's Signature: _____ Date: _____

TO CONTACT HOSPIS MALAYSIA

1. Call Hospis Malaysia at 03-9133 3936 or, fax to 03-9133 3941
2. The form may either be given to the patient, or kept at the Ward if the patient is still in hospital
3. We discourage mailing the form to us as this could cause considerable delay in attending to the patient's assessment
4. If further information or clarification is required, please call us.

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