

# Physiotherapy Referral Form

## PATIENT PARTICULARS (or Affix Patient's Label)

Name: \_\_\_\_\_

NRIC No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: F / M

Address: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

Time of Appointment: \_\_\_\_\_

**For Appointment,  
Eastern CHC (Tampines)  
Tel: 6782 6885 Fax: 6782 9591**

## PATIENT'S MEDICAL BACKGROUND

Clinical Diagnosis: \_\_\_\_\_

Existing Medical Conditions

Year of Diagnosis		Year of Diagnosis	
<input type="radio"/> Cardiovascular Disease	(       )	<input type="radio"/> Neuromuscular Conditions	(       )
<input type="radio"/> Hypertension	(       )	<input type="radio"/> Osteoporosis	(       )
<input type="radio"/> Dyslipidaemia	(       )	<input type="radio"/> Arthritis	(       )
<input type="radio"/> Diabetes Mellitus	(       )	<input type="radio"/> Joint Instability	(       )
<input type="radio"/> Overweight	(       )	<input type="radio"/> COPD / Asthma	(       )

## Other Relevant Medical Information / Precautions

- ☐ Family History of Heart Attack / Sudden Death
- ☐ Experience Dizziness or Lose Consciousness
- ☐ Pregnant (For Females)
- ☐ Others: \_\_\_\_\_
- ☐ Medications: \_\_\_\_\_

## PHYSIOTHERAPY SERVICES REQUESTED (By Appointment Only)

- ☐ Fitness Advice / Conditioning
- ☐ Falls Risk Assessment / Balance Training
- ☐ Musculoskeletal Physiotherapy

All patients at Eastern CHC must be referred by a General Practitioner and aged 18 years and above.

Referral Clinic (Clinic Stamp with Tel and Fax):	Name of Doctor: _____
	MCR No.: _____
	Signature: _____
	Date: _____

*INFORMATION FOR PATIENT: Come dressed in exercise attire and comfortable shoes.*

## Contact Us

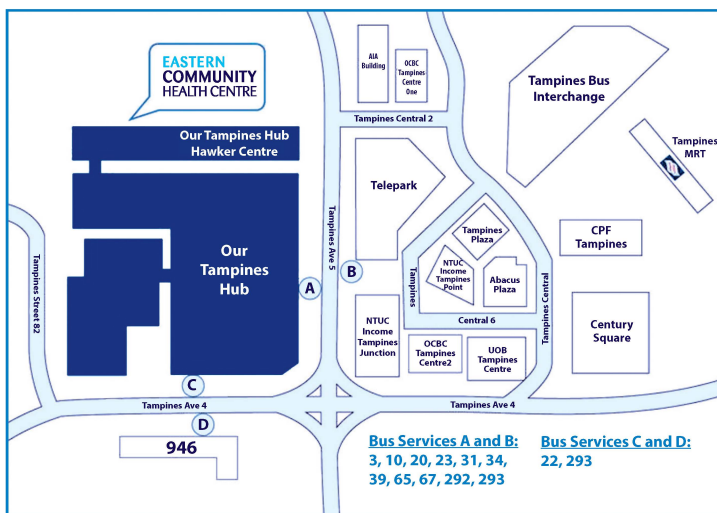
E-mail: [eastern.chc@cgh.com.sg](mailto:eastern.chc@cgh.com.sg)

## Eastern Community Health Centre (Tampines)

### Operating Hours:

Monday to Friday: 8.30am to 12.00pm  
1.00pm to 5.00pm

Closed on Saturdays, Sundays and Public Holidays



Our Tampines Hub, 1 Tampines Walk,  
#03-33, Singapore 528523  
Tel: 6782 6885 Fax: 6782 9591