Changi General Hospital
SingHealth

Referral Form

Medication Therapy Management (MTM) Service

Dear Pharmacist,

Please provide MTM service for the below named patient:

Patient's Particulars/Sticky Label	Drug Allergy
Name: NRIC:	

Reason for Referral (*Please tick the appropriate box/es*):

- ❑ Patient receives medications from more than 1 prescriber
- ❑ Patient is on 5 or more long term medications
- ❑ Patient has new/complex medication regimen
- ❑ Abnormal lab values that could be improved with medications
- ❑ Non-adherence to medication regimen
- ❑ Medication cost concern

Brief Medical History/ Medication History /Other Comments:

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_____

Referred by : _____

For Non-CGH Doctors

Clinic's Stamp

Please attach latest copy of relevant laboratory results (renal and liver function, $HbA1_c$ etc) if any
For appointment booking, please contact CGH appointment centre Tel: 6850 3333