PERTUBUHAN HOSPICE NEGERI SEMBILAN

No PendaftaranPPM/NS/752
No. 41, Off Jalan Rasah
70300 Seremban
Negeri Sembilan
Telephone: 06-7621216
Fax No : 06-7671216
E-Mail: hospicens2012@yahoo.com
Website: www.phns.org.my

Patient Referral Form (note: Only referrals from doctors are accepted.)

Patient's Name ……. Sex ……. Age ……...
I.C No. …….. Religion ……. Language spoken ……..……
Next of Kin ……..…Tel . No.: Hse. …… h/p ……
Address : ……
……
……. Post Code: ……..

History of Illness (Diagnosis (Disease, Stage, Duration?)

…… …. Stage …….. Duration ……..……

Treatment (surgery, DXRT, ChemoRx, Dr., Hospital)

…….
…….

Present Problems

…….
…….

Important

1. **Is the patient informed of the diagnosis?** Yes/No …….
2. **Is the patient informed of the prognosis?** Yes/No ……..
3. **Is the patient/Caregiver agreeable to receiving Hospice Care?** Yes/No ……..
4. **Has the patient been referred to Klinik Kesihatan Domiciliary Palliative Care?** Yes/No ……..

**If Yes, Pertubuhan Hospice Negeri Sembilan will not accept this Patient. **

PLEASE PRINT LEGIBLY

Referring Doctor …….. Specialty ……..

Hospital/Clinic ……..
Address ……..….
……...
……..……..
Tel . no. …….. Office …….. Fax ……..……..
Email Add. ……..

Doctor's signature …….. Date ……..

1. Email to hospicens2012@yahoo.com
2. Please use **black** ink.

For further INFORMATION/HELP please call : Tel 06-7621216 during office hours (9.00am – 4.30pm). (We are an NGO and depend on donations. PLEASE HELP US TO HELP OTHERS !!)

*** Mandatory.**
All the above information is mandatory. If omitted, Pertubuhan Hospice Negeri Sembilan has the right to refuse palliative care