INSTITUT JANTUNG NEGARA
National Heart Institute

PATIENT'S INFORMATION
(Please stick label)

IJN Clinical Ethics Consult Service
Part (A) - Referral Form

---To be complete by referring personnel---

A. Medical Condition

(i) Diagnosis

……
……
……

(ii) Relevant Medical and Surgical History

……
……
……

B. Reason for Referral

……
……
……
……
……
……
……
……
……

Referring Personnel

Signature : _____ Date of Submission: _____

Name : _____ Time of Submission: _____

Department : _____ Location of Patient: _____

Mobile number: _____