

PHS 2016 Doctor's Form [English (Singapore)]



1. Name 姓名

2. NRIC 身份证号码

3. Date of Birth 生日 (dd/mm/yyyy)

4. Does this patient require follow-up?

- ☐ Yes
☐ No

This Question is Conditionally Shown if: (4 = No)

4b. Why does this patient not require follow-up?

- ☐ Already on regular follow-up with personal doctor
☐ Others

This Question is Conditionally Shown if: (4 = Yes)

5. Please type out your memo here and **copy and paste** it into a word document for printing **before submitting** this survey.

*Please also summarise at the bottom of your printed referral letter the condition(s) that the patient is being referred for. (e.g. This patient is being referred for hypertension and glaucoma.) This will help our on-site PHS committee members to arrange their follow-up appointments with the respective clinics more swiftly. Thank you!

This Question is Conditionally Shown if: (4 = Yes)

6. What condition(s) is/are this patient being referred for?

- ☐ Hypertension
- ☐ Others (please specify) _____

Compliance to Personal Data Protection Act (PDPA)

Consent has previously been given to the Public Health Service Executive Committee to collect my personal information for the purpose of recruitment for the Public Health Service (hereby called “PHS”) and its related events during registration. Terms and conditions as stated in the registration form will stand.

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