

Name of Patient _____ NRIC _____ Hosp / Ward / Bed _____

DRUG ALLERGIES _____

Current Medications (1) _____ (5) _____
(2) _____ (6) _____
(3) _____ (7) _____
(4) _____ (8) _____

DATE OF ONSET OF CURRENT ILLNESS: _____
FUNCTIONAL STATUS PRIOR TO ONSET OF CURRENT ILLNESS

Feeding Independent Needed Assistance N/gastric tube PEG
Contenance Yes No, patient was on catheter / diaper / _____ (others)
Standing Could stand independently Needed Assistance Unable to stand
Mobility Able to ambulate with aid without aid
 Needing assistance from one person more than one person
 Wheelchair bound Wheelchair-independent
 Bedbound

CURRENT FUNCTIONAL STATUS

Mobility Independent Needs Assistance Wheelchair Bedbound
Feeding Independent Needs Assistance N/gastric tube PEG
Contenance Yes No, patient is on catheter / diaper / _____ (others)
Standing Can stand independently Needs Assistance Unable to stand
Mental Status Rational Confused Unable to respond
Obeys Commands Yes No
Pressure Sores/Wounds Yes _____ / _____ No
(Site of sore/wound) (STO date)
Weight Bearing Status Full Partial _____ NWB _____
(duration) (Date Allowed to WeightBear)
Rehab Potential Good Fair Poor

SOCIAL & POST-DISCHARGE CARE PLAN

Discharge Destination Own Home Voluntary Nursing Home Private Nursing Home
Carer Identified Yes: Maid Family: Relationship _____
 No
Name of Next-of-Kin to Contact _____ Relationship _____
Contact Nos. _____ (Home) _____ (Office)
_____ (Pager) _____ (H/phone)
Is patient known to MSW/Case Mgr? Yes _____ / _____ No
(Name of MSW/CM) (Telephone / Fax)
If yes, please provide MSW/Case Manager's Report
Means Test Completed? Yes _____ / _____ No Refused
(Name/Designation of Person) (Telephone / Fax)
MOH Subsidy Level 75% 50% 25% 0%
Method of Payment Cash Insurance Employer / Letter of Guarantee
 Medisave Medishield Medifund Others
Is this an Industrial Accident Case? Yes No
Is this a Police Case? Yes No

Name of Consultant-in-Charge of Patient _____ Department _____

Signature/ Name of Referring Doctor _____ Designation _____ Telephone/Pager _____ Date _____