

STRICTLY CONFIDENTIAL



**CLUSTER SUPPORT
REFERRAL FORM**

email: clustersupport@ntuhealth.sg Tel: 86128302

Client

Name:

NRIC:

or affix label here

I, _____ (name) of _____ (organisation) have requested for and received consent from the patient/client to refer him/her to you for case management services.

I also agree and undertake to:

- notify NTUC Health if he/she withdraws his/her consent to the use and disclosure of the Personal Data for this purpose;
- assist NTUC Health promptly with all access requests and complaints which may be received from individuals regarding the use of their personal data by the Company;

SECTION 1: SENDING PARTY INFORMATION

ORGANISATION NAME / DEPARTMENT

STAFF NAME / DESIGNATION

TEL / FAX

DATE OF REFERRAL

EMAIL

Please complete all relevant sections and scan a copy of the referral form to the corresponding email as provided above. Where applicable, please attach the following documents: (a) medical discharge summary, (b) PT/OT report and (c) social report.

SECTION 2: DETAILS OF CLIENT

Date of Birth (dd/mm/yyyy)

Age

Gender

Male Female

Race:

Chinese Malay Indian Others

Current address of residence

Postal Code

Home Contact:

Mobile:

Citizenship:

Singaporean Singapore PR

Preferred language

English Mandarin Malay Tamil Dialect, Specify _____ (e.g. Hokkien, Cantonese, etc.)

SECTION 3: BRIEF REPORT OF CLIENT

Social Background

Functional status

Social Criteria
Assessment

Recommendation

Admissions criteria: All three criteria must be met:

<p><input type="checkbox"/> Singapore Citizen or Singapore PR, aged 60 years and over;</p> <p><input type="checkbox"/> Lives alone / with an incompetent caregiver; and</p> <p><input type="checkbox"/> Fulfils at least one of the following:</p> <ul style="list-style-type: none"><input type="checkbox"/> Requires assistance in at least one ADL or IADL; issues relating to self-neglect/self-care, medicine compliance, or emotional support; or<input type="checkbox"/> Exhibits signs or diagnosed with depression / dementia; or<input type="checkbox"/> Has complex needs requiring case management
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Guidelines to Social Service Agencies, Hospitals, Grassroots Leaders

- i. *Referring agencies will be asked to call the Cluster Support (CS) to discuss if they wish to refer cases that fall slightly out of the criterion.
- ii. **Seniors exhibiting symptoms of depression or dementia who require intensive monitoring may be referred to the CS for consideration.
- iii. Incompetent caregiver is defined as one who is unable to take care of the senior due to mental or physical frailty.
- iv. A senior is deemed to have complex needs when he/she requires at least two types of social (e.g. Home Help) or healthcare (e.g. Home Medical) services.
- v. If a client who fits the above criteria has estranged caregivers, the CS will refer him to the FSC to work on family relationship issues, if there is potential for reconciliation. However, the CS will remain the main case manager and work on the client's self-care issues. This is because self-care remains the main presenting problem and even if family reconciliation is successful, the client may need the CS's continued case management depending on the level of practical family support.
- vi. Client information is to be shared between the referring agency and CS if there is co-management of a case. Each agency is to safeguard confidentiality of information and seek the consent of the client.