

Doctor's Memo for NTUC Health Care@home Clients			
Name of Client:		NRIC:	
Any Drug Allergy:	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: _____ _____		
Any Contagious / Infectious Disease:	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: _____ _____		
Past Medical History:	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: _____ _____ _____ _____ _____ _____ _____ _____ _____		
Current List of Medication:	_____ _____ _____ _____ _____ _____ _____ _____ _____		
Completed By:			
Name of Doctor & Designation:		Signature:	
Institution:	<input type="checkbox"/> Hospital Clinic, please specify which clinic and department: _____ <input type="checkbox"/> Polyclinic, please specify which polyclinic: _____ <input type="checkbox"/> GP / Others, please specify clinic: _____ _____		
Date:	_____		