



# Pertubuhan Hospis Klang Hospice Klang

82, Jalan Sri Sarawak 4, Taman Sri Andalas,  
41200 Klang  
Tel: 33242125 Fax: 33243125  
email: [hpskg@tm.net.my](mailto:hpskg@tm.net.my)

## Patient Referral Form (note: only referrals from doctors are accepted)

**Patient's Name** \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
language spoken \_\_\_\_\_  
**IC No:** \_\_\_\_\_ Religion \_\_\_\_\_  
**Next Kin** \_\_\_\_\_ Tel No. \_\_\_\_\_  
**Address** \_\_\_\_\_ Pos code \_\_\_\_\_

### History of Illness

**Diagnosis** (Disease, Stage, Duration)

\_\_\_\_\_ Stage \_\_\_\_\_ Duration \_\_\_\_\_

**Treatment** (Surgery, DXRT, ChemoRx?; Dr, Hospital?) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Present Problems**

\_\_\_\_\_  
\_\_\_\_\_

**Important**

Is the patient informed of the diagnosis? Yes/No \_\_\_\_\_

Is the patient informed of the prognosis? Yes/No \_\_\_\_\_

**Referring Doctor  
Hospital /  
Clinic**

**Speciality**

**Address**

\_\_\_\_\_ tel: \_\_\_\_\_ fax: \_\_\_\_\_

**Doctor's  
Signature**

Date: \_\_\_\_\_

1. Fax / Call Hospice Klang
2. The form is to be given to the patient & then handed over to Hospice nurse
3. Please use black ink

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\* to be given to patient

For further INFORMATION or HELP:

Call HOSPICE KLANG - Tel: 03-33242125