



HOSPICE KLANG REFERRAL FORM.

☎ 016-7093075 / 03-33184774.

📍 PT140457, Persiaran Delima/KS09,
Kota Bayu Emas, 41200 Klang, Selangor.

- All boxes must be filled legibly by Doctor in charge.
- Doctor's direct contact number must be provided.

✉ Email to hpkgrefer@gmail.com.

Name :	NRIC & Registration No :	
	Age :	Gender :
Address :		
Next of kin (1) :	Contact no (1) :	
Next of kin (2) :	Contact no (2) :	
Spoken language :		
Full diagnosis including metastasis (if applicable) & date of diagnosis :		
Treatment to-date :		
Co-morbidities :	Current palliative issues :	
Current medications :		
Patient & family is informed of : <input type="checkbox"/> Diagnosis & prognosis <input type="checkbox"/> Referral to hospice	Prognosis : <input type="checkbox"/> Good <input type="checkbox"/> Guarded <input type="checkbox"/> Poor	Terminal discharge : <input type="checkbox"/> Yes <input type="checkbox"/> No
Referring Doctor's name with sign & chop :	Department & Hospital :	
	Doctor's contact no :	
	Date of referral :	

Please attach recent investigation results & discharge summary together with the referral form & email to hpkgrefer@gmail.com. Thank you.