

## Club Rainbow (Singapore)

*Providing Compassionate Relevant Services for chronically ill children and their families*  
Charity Registration No: 0930R      Established: November 1992

### CORE THERAPY SERVICES REFERRAL FORM

This form should only be completed by a **Singapore Registered Medical Practitioner**.

#### (I) Client Details

Full Name of Client (as in NRIC): \_\_\_\_\_

Year of Birth (YYYY): \_\_\_\_ \_      B.C./ NRIC Number: XXXXX \_\_\_\_ \_

Usage of Mobility / Visual / Hearing Device:  No    Yes (please specify \_\_\_\_\_)

Able to travel by Public Transport:  No    Yes

Type of Service:  Physiotherapy    Occupational Therapy    Speech Therapy

Is the client attending an Early Intervention programme / Special Education school?  No    Yes

Is he/she receiving therapy services from other sources?  No    Yes (please specify \_\_\_\_\_)

#### (II) Medical Background

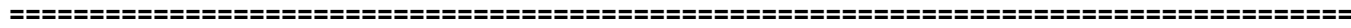
Medical history/ diagnosis/ description of difficulties:		
Current Medication:		
Medical Follow-ups (i.e. Hospital, Department):		
Please provide relevant information to help us assess the child better.	Yes	No
History of Heart Disease (If applicable, please state the precautionary measures)		
History of Lungs Disease (If applicable, please state the precautionary measures)		
Infectious disease (e.g. TB, Hepatitis B, HIV, etc.)		
Has history of reactive airway disease/ asthma		
Problems with bladder and bowel function		
History of epileptic episodes, paralysis, seizure or other abnormality of the central nervous system.		
History of aggressive and violent behaviour		
Has swallowing dysfunction: on tube feeding/ gastrostomy		
Precautions		

**(III) Referral Details**

Primary reason for seeking therapy:				
What is the desired outcome of therapy?				
Please provide relevant information to help us assess the child's condition by indicating the level of difficulty observed in the child.				
	Independent	Needs Prompts	With Assistance	Dependent
Receptive and expressive language				
Speech				
AAC comprehension and production				
Swallowing				
Stationery (centre of gravity and equilibrium)				
Locomotion (transfer of one base of support to another)				
Object Manipulation (throwing, catching, kicking of objects)				
Grasping (ability to use hands)				
Visual-motor Integration (visual perceptual skills)				
Hearing				
Vision				
Self-Feeding				
Personal Hygiene				
Dressing				
Using Toilet				
Bathing				
Social Skills				
Attention				
Other (please describe)				

**(IV) Referral Source**

Doctor's Name: _____	Hospital: _____
Contact Number: _____	Email: _____
Signature: _____	Hospital Stamp: _____
Date of Referral: _____	



**For Club Rainbow (Singapore) Use Only**

Acknowledged by Centre Executive: Received Date:
Acknowledged by SWD: Received Date:
Acknowledged by Client Service Staff: Received Date: