



# **CLUB RAINBOW (SINGAPORE) REFERRAL FORM**

(Club Rainbow (S) undertakes to protect the confidentiality of the information in this form)

## **CHILD'S MEDICAL PARTICULARS**

(To be completed by the Referring Physician)

### **Child's Data/ Sticker**

Child's Name : \_\_\_\_\_  
 Birth Cert/NRIC : XXXXX\_ \_ \_ \_ \_  
 Year of Birth : \_\_\_\_\_  
 Citizenship/Gender :  Singaporean  PR  
                                    Male  Female

### **Very Low Birth Weight Babies**

(Birth Weight <1500g)

Birth Weight : \_\_\_\_\_  
 Gestation : \_\_\_\_\_

### **ILLNESS GROUP CATEGORIES (PLEASE TICK ONLY ONE)**

- Blood Disorders       Immunological Disorders       Metabolic Disorders       Neurological Disorders  
 Renal Disorders       Cardiovascular Disease       Respiratory Disease       Developmental Paediatric  
 Gastroenterology       Rare Syndromes & Inborn Errors of Metabolism       Very Low Birth Weight Infants

**MAIN MEDICAL DIAGNOSIS:** \_\_\_\_\_ **Age at time of diagnosis:** \_\_\_\_\_  
 \_\_\_\_\_

### **PROBLEM LIST:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### **MEDICAL ALERT:**

G6PD Deficiency :  Yes  No  
 Drug Allergies :  Yes  No  
 If Yes, please specify : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CURRENT THERAPY:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MEDICATION:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### **MOBILITY AND IMPAIRMENTS**

- Wheelchair-bound       Bed-bound       Dresses Independently       Feeds Independently  
 Hearing Impaired       Speech Delay       Visually Impaired       Attends Special School  
 Able to travel by public transport       Others: \_\_\_\_\_

**SPECIAL CONSIDERATIONS** :  Restrictions in activity       Diet       Fluid intake needed  
 If yes, please specify: \_\_\_\_\_

### **DETAILS ON REFERRING PHYSICIAN**

(Please ensure all fields are completed)

Physician Name & MCR : \_\_\_\_\_ Referring Hospital : \_\_\_\_\_  
 Email Address : \_\_\_\_\_ Signature : \_\_\_\_\_  
 Contact No : \_\_\_\_\_ Date : \_\_\_\_\_  
 Known to MSW :  Yes  No  Unsure MSW Name : \_\_\_\_\_

**MAIN CONTACT PERSON DETAILS (To be completed by Parent / Legal Guardian)**

Main Contact Name : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Relationship : \_\_\_\_\_  
 Email Address : \_\_\_\_\_ Contact No (Mobile) : \_\_\_\_\_  
 Language(s) Spoken : \_\_\_\_\_ Language(s) Written : \_\_\_\_\_

**REASON(S) FOR REFERRAL (PLEASE TICK WHERE APPLICABLE)**

Please tick to the best knowledge on the type(s) of assistance required. Secondary assessment will be based on CRS Social Worker.

- Financial Assistance     Counselling / Emotional Support     Information on Illness     Parent Support  
 Therapy Services     Educational / Tuition Support     Transport (Mobility Issues)     Social Programs  
 Befriending Service     Others: \_\_\_\_\_

**CONSENT**

I consent to the Primary Physician who signed this form disclosing the personal data under 'Child's Medical Particulars' to Club Rainbow (Singapore) for the purpose of referring my child/ward to Club Rainbow (Singapore) so that it can consider whether my child/ward is eligible to be accepted for registration as a beneficiary of Club Rainbow (Singapore).

I also consent to Club Rainbow (Singapore) collecting the personal data that I have provided under 'Main Contact Person's Particulars' for the purpose of contacting me in connection with my child/ward being eligible to be registered as a beneficiary of Club Rainbow (S) and, if eligible, to arrange for registration.

\* Signature of Main Contact Person: \_\_\_\_\_

**Documents to be attached to this Referral Form:**

1. If you are, or have been, involved in any matrimonial proceedings please attach a copy of all court orders made in those proceedings that might be relevant to the care or custody of the child.
2. If you are signing as the child's guardian, please attach a copy of the court order or other document appointing you as their legal guardian.
3. If the child's parents are unavailable and you are signing as the guardian of your ward but have not been legally appointed as their guardian, please provide documents giving the reason(s) why no parent is available to sign this Referral Form. These documents might include, for example, a medical report showing that they are mentally and/or physically incapable of signing this Referral Form, evidence of their incarceration or, if they cannot be located, a police report filed to report them as a missing person.

**IMPORTANT NOTE:**

Please ensure that all the sections of this form are **completed accurately and no material information is omitted**. All completed forms are to be placed in a sealed envelope and mailed or dispatched within the respective hospitals to:

**Rainbow Care & Resource Centre – NUH**  
 National University Hospital  
 Main Building (Level 4)  
 5 Lower Kent Ridge Road  
 Singapore 119074

**Rainbow Care & Resource Centre – KKH**  
 KK Women's and Children's Hospital  
 PEC, Women's Tower (Level 1)  
 100, Bukit Timah Road  
 Singapore 229899

**Rainbow Family Care Centre**  
 Blk 538 Upper Cross Street #05-263 /269  
 Singapore 050538

## **GUIDELINES FOR HOSPITAL MEDICAL PERSONNEL**

All children aged 0 – 20 years who are Singaporeans and Permanent Residents with the following major chronic and potentially life-threatening medical conditions may be referred to join Club Rainbow (Singapore):

- 1. BLOOD DISORDERS**
  - Marrow failure e.g. pure red cell Aplasia, Fanconi's Anaemia
  - Thalassemia Major and other chronic Haemolytic Anaemias
  - Chronic Idiopathic Thrombocytopenia
- 2. CARDIOVASCULAR DISEASE**
  - Congenital Heart Defect
- 3. DEVELOPMENTAL PAEDIATRIC**
  - Global Developmental Delay
- 4. GASTROENTEROLOGY**
  - Inflammatory Bowel Disease
  - Chronic Liver Disease
  - Biliary Atresia
- 5. IMMUNOLOGICAL DISORDERS**
  - Juvenile Chronic Arthritis
  - Systemic Lupus Erythematosus
- 6. METABOLIC DISORDERS**
  - Diabetes Mellitus
  - Thyrotoxicosis / Hypothyroidism
  - Adrenal Insufficiency
- 7. NEUROLOGIC DISORDERS**
  - Muscular Dystrophies / Myopathies
  - Spina Bifida
  - Cerebral Palsy
- 8. RENAL DISORDERS**
  - Chronic / End-Stage Renal Failure
  - Nephrotic Syndrome with complications
- 9. RARE SYNDROMES AND INBORN ERRORS OF METABOLISM**
  - Mitochondria Disease
  - Organic Acidaemia
  - Fatty Acid Oxidation Disorders
  - DiGeorge Syndrome
  - Angelman Syndrome
  - Other Rare Syndromes
- 10. RESPIRATORY DISEASE**
  - Chronic Asthma
- 11. VERY LOW BIRTH WEIGHT INFANTS (BIRTH WEIGHT <1500g) WITH EITHER:**
  - Visual / Hearing Impairment
  - Chronic Lung Disease
  - Developmental Delay

### **NOTE:**

Patients with other medical conditions/chronic illnesses/disabilities which are not included in specific support organizations may be considered for support by Club Rainbow on a case by case basis. This will be subject to approval by the Medical Subcommittee of the charity.