



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**
 - Autism
 - 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.