

National Cancer Institute
 4, Jalan P7 Presint 7,
 62250 Putrajaya.
 Phone : 03-8892 5414
 Fax : 03-8892 5588
 Email : ncitcm@nci.gov.my

TRADITIONAL AND COMPLEMENTARY UNIT
PATIENT REFERRAL FORM

PATIENT INFORMATION			
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Patient Name		Gender	
Identification Number (IC)		Patient's contact (phone number) :	

REFERRAL INFORMATION	
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REFERRAL FOR (*kindly tick v the box below*)

	Acupuncture service : <input type="checkbox"/> Chronic pain <input type="checkbox"/> Post Stroke <input type="checkbox"/> Others , pls specify : _____ Reason for referral: For acupuncture service.
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	Herbal Oncology Reason for referral: Herbal medicine to improve the quality of life for cancer patient.
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HISTORY/ PHYSICAL FINDINGS/ RESULTS OF INVESTIGATIONS:

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TREATMENT:

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DIAGNOSIS:

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REMARKS (if any):

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REFERRING PHSYCIAN INFORMATION			
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Medical Officer / Registrar / Specialist / Director of Hospital:
(Herbal medicine referral must be from Specialist/Medical officer supervised by specialist)

Signature & Cop		Contact Details : Phone/fax/ email	
Name		Reference number :	
Hospital/Clinic		Date :	

Thank you for your referral. To start off with:-

- 1) Kindly send this form via email ncitcm@nci.gov.my or fax 03-8892 5588.
- 2) The actual form with any necessary documents may be given to the patient.
- 3) Kindly contact us at 03-8892 5414 for appointment or further information.