

Date: _____

From: HOSPICE KLANG TEL: 03 33184774, 012-6223073 FAX: 03 33194664

To: _____

Re: Hospice Klang - REFERRAL

REMINDER / REQUEST:

- 1. Please use our latest referral form**
(*see Attached page or download from website,- www.hospiceklang.org)
- 2. Filled in requested information in the form (*all available)**
- 3. The referral can be faxed to our centre or passed to the patient to submit by hand. (*Do NOT sent by Email or WhatsApp)**
- 4. A copy of referral must be given to the patient to pass to our Office (*Faxes copies often blurred)**
- 5. If a referral is faxed, it is expected that patient(*or carer) must call our center to confirm referral and consent to referral**
- 6. Remind the patient (& carer) of the need to call our centre:**
 -) to confirm referral is received,**
 -) to confirm consent for our services**
 -) to confirm admission**
 -) to initiate home care visits**

Important

-) We DO NOT call patients after receiving FAXED referral**
-) Patients need to call FIRST. We wait for their calls**
-) This instruction is clearly stated in our referral form**

Thank you for your cooperation.

Hospice Klang