| | **HOSPITAL SULTAN ABDUL AZIZ SHAH**<br>**UNIVERSITI PUTRA MALAYSIA**<br>**Kod Dokumen: HSAAS/REHAB/BR31** |
|---|---|
| | **REHABILITATION MEDICINE (CLINICAL) REFERRAL FORM** |

| | | | | | |
|---|---|---|---|---|---|
| Name | : | ____________________ | MRN No. | : | ____________________ |
| Age | : | ____________________ | I/C No. | : | ____________________ |
| D.O.B | : | ____________________ | In Pt/ Out Pt | : | ____________________ |
| Date of referral | : | ____________________ | Phone No. | : | ____________________ |
| Time of referral | : | ____________________ | Diagnosis | : | ____________________ |

**REHABILITATION MEDICINE CLINICAL SERVICES**

| PLEASE SELECT | |
|---|---|
| | Neurorehabilitation / Stroke Rehabilitation |
| | Spinal Cord Injury Rehabilitation |
| | Amputee Rehabilitation |
| | Paediatric Rehabilitation |
| | Others |

**History and P/E:**

**Reason for referral:**

| **Referred by:** | **Office used:** |
|---|---|
| ____________________<br>Specialist / Medical Officer<br>(Signature & Stamp) | Date of appointment given : ____________________<br>Time given : ____________________<br>Received by : ____________________<br>(Signature & Stamp) |