Eligibility assessment referral form for Special care dental service

Section A : Personal Particulars

Patient Name : Gender : ☐ M ☐ F

NRIC : Citizenship : : DOB : Age :

Address : Postal code :

Contact No : (H) (HP) (Whatsapp)

Occupation :

Marital Status :	☐ Single	☐ Married	☐ Separated	☐ Divorced	☐ Widow	☐ Widower
Race :	☐ Chinese	☐ Malay	☐ Indian	☐ Eurasian	☐ Others :________________	
Religion :	☐ Buddhist	☐ Christian	☐ Catholic	☐ Muslim	☐ Hindu	☐ Others
Language :	☐ Mandarin	☐ English	☐ Malay	☐ Tamil	☐ Others :_________________	
Spoken :	☐ Hokkien	☐ Teochew	☐ Cantonese	☐ Hakka		

Next of Kin :	Relationship :	Contact No.:
Main Care-giver :	Relationship :	Contact No.:
2nd Care-giver :	Relationship :	Contact No.:

Accommodation :

Housing :	☐ Purchased	☐ Rental	☐ Lodge				
Type :	☐ HDB	☐ Condo	☐ Landed	☐ Others			
HDB room :	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ Exec	☐ Maisonette
Lift Landing :	☐ Yes	☐ No					
Status :	☐ Fully paid	☐ CPF	☐ Cash	☐ N.A.			

Current Lodging Assessment :

- ☐ Stay alone
- ☐ Stay with parent
- ☐ With spouse
- ☐ With children
- ☐ With helper
- ☐ Others

Section B : Referral Source

☐ Tzu Chi internal services ☐ Others :____

Contact person or Social Worker:		**Designation :**		**Contact Number / email address :**	

Section C : Reasons for Requesting Support

☐ Tick on the appropriate boxes on the right side	☐ Clinic dentistry	☐ Dental sedation
Provide reasons for approaching Tzu Chi Free Clinic's special care dental service - as opposed to conventional public or private dental clinics (e.g. NDC, TTSH Polyclinics):	☐ Domiciliary dental service	☐ Others: ________________
	☐ Dental clearance for medical treatment	
	Note : Tzu Chi's dental services are unable to provide transportation / ambulance.	

Section D : Family and Social Background

Please include details about family history:
- ✓ Family tree and caregivers (immediate family – parents, siblings, spouses, children, dependants)
- ✓ Current living arrangements (with family, nursing homes, sheltered home, or other co-occupants)
- ✓ Family/household income source of past 12 months

Provide details about personal and social history:	Mental capacity assessed by physician / professional:
✓ Employment / schooling (e.g. training centre) in past 3 years ✓ Personal income of past 12 months ✓ History of incarceration, drug use, gambling, or violence ✓ Details of current situation that prevent reaching usual dental care	☐ Lacks mental capacity ☐ Possess mental capacity

Section E : Medical and Dental History

Full medical history / summary (we may request for further details if necessary):

Full medication list (drug names, including those via oral, iv, subcut, inhaled, topical routes):

Drug allergies (including food) and respective reactions:

Main Dental Problem / Complaint:

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Section F : Financial Assistance and Benefits

Tick the appropriate boxes that apply to the patient (not the caregiver):

☐ Blue CHAS (expiry date:____________)

☐ Pioneer G.

☐ Public Assistance (expiry date:____________)

☐ MediFund (approved institution: _________________ percentage coverage: _____% expiry: _________)

☐ Others (please provide details):

Other source of financial assistance :

☐ No ☐ Yes

If Yes, please state the details. Please attach additional information if appropriate.

No.	Source of financial assistance	Amount (SGD)	Duration	Remarks
1)				
2)				

If there are 'No' sources of financial assistance/benefits, please indicate if the referred person has applied for any other sources, and if there are reasons for rejection.

☐ No, I have not tried applying for financial assistance/benefits
☐ Yes, I have tried applying for financial assistance/benefits

If Yes, please state the details:

No.	Source of financial assistance applied	Amount (SGD)	Year	Remarks
1)				
2)				

Please include other appropriate notes for this applicant/patient as required:

For Official Use	
S/N	**Date:**

As the service provided is limited and volatile, the clinic's administrators reserve the right to decline the application when the conditions are not appropriate to provide minimum standards of care. Missing information or errors may also delay the application process. We thank you for your kind understanding, and the time and effort in filling this form.