



Appointment Date /Time : _____

A. Personal Biodata (Fix label if any)			
Name of Patient:			Language of instruction English Chinese Malay Others _____
NRIC:		Contact:	
Sex: M/F	DOB:	Age:	
Type 1 / Type 2 Diabetes (please circle)		Duration:	

B. Recent Investigation Report (if any)		
Investigation	Result	Date Done
HbA1c		
Blood Sugar		
Total Cholesterol		
HDL		
LDL		
TG		
Ratio		
Micro albumin		

C. Services Required (Please tick as applicable)	
<input type="checkbox"/> Diabetes Retinal Photography (DRP) <input type="checkbox"/> Diabetic Foot Screening and Education <input type="checkbox"/> HbA1c <input type="checkbox"/> Full Lipid profile <input type="checkbox"/> Microalbuminuria test (MAU) <input type="checkbox"/> Diabetes Self Care Management Skills 1. Self blood sugar monitoring 2. Insulin Injection Technique 3. Matching of food & medication 4. Management of hyperglycaemia & hypoglycaemia 5. Exercise 6. Sick day management 7. Travel	<input type="checkbox"/> Specialised Care by Dietician <input type="checkbox"/> Specialised Care by Podiatrist
<input type="checkbox"/> Others (please specify) _____	

D. Payment:
<input type="checkbox"/> DSS collect payment from patient <input type="checkbox"/> Bill GP Clinic

Clinic Chop:	Doctor's signature / Date

**SOUTH WEST
DIABETES EDUCATION & CARE CENTRE
Blk 528, Jurong West Street 52, #01-353
S 640528**

Operating Hours:

**Monday – Friday:
8.30am – 5.00pm**

**Saturday:
8.30am – 12.30pm**

**Sunday &
Public Holidays:
CLOSED**

LEGEND:



Bus no. 335
(Chinese garden MRT / Jurong East interchange)



**CENTRAL SINGAPORE DIABETES
EDUCATION & CARE CENTRE Blk
22 Boon Keng Road #01-15 S
330022**

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**Sunday &
Public Holidays:
CLOSED**



Bus no. 31, 985



Bus no. 21, 130, 139



**Bus no. 13,
23, 31, 64, 65,
66, 103, 125,
133, 147, 857**

