

For ABLE's input only:  
 REH Code:

Source:

Date Received:

## ABLE Rehabilitation Centre Services Application Form

**Notes :**

- **Page 1 & 2** must be completed and a copy of applicant's NRIC/identification card must be provided, to expedite processing of application.
- **Page 2** must be completed by a **Singapore Registered Medical Practitioner**
- **Page R1** required for application submitted by a referral agency/organisation e.g. by case manager/social worker/care coordinator

**Application form and relevant documents, may be submitted via**

(1) email to: [enquiries@able-sg.org](mailto:enquiries@able-sg.org) (2) hand-in at **ABLE office** (address above) (3) post to **ABLE office** (address above)

### SECTION 1 SERVICES REQUIRED

Return to Work (RTW)

Day Rehabilitation

### SECTION 2 APPLICANT PARTICULARS

Name:

NRIC:

Date of Birth (dd/mm/yyyy):

Age:

NRIC Address:

Postal Code:

Telephone:

Race:

Chinese

Indian

Malay

Eurasian

Others (specify)

Gender:

Male

Female

Citizenship / IC Colour :

Singapore / Pink

Singapore PR / Blue

Marital Status :

Single

Married

Widowed

Separated

Divorced

Language(s) spoken :

Religion :

Residential Address:

(if different from NRIC Address)

Type of Accommodation:

Private House/Apartment

HDB, lift-landing :  Yes  No, \_\_\_\_\_ steps

### SECTION 3 NEXT-OF-KIN / CARE INFORMATION

Next of Kin (Name):

Relationship to Applicant:

Telephone: (H)

(O)

(Mobile)

Language(s) spoken:

Main Caregiver (Name):

Relationship to Applicant:

Currently attending community/rehabilitation service?

No

Yes (name/frequency)

Currently receiving any social / community care service?

No

Yes - Contact name:

Organisation:

Telephone:

### SECTION 4 RETURN TO WORK INFORMATION (Required for RTW applicants only)

Highest Education Qualification:

No formal

Primary

Secondary

Junior College

Polytechnic Diploma

University Degree

Postgraduate

Other

Previous Employment:

Full-time

Part-time

Industry :

Role/Designation :

Transport mode :

Brief job description :

Future Employment:

Full-time

Part-time

Preferred type of work :

### SECTION 5 APPLICANT CONSENT

By signing this application, the Applicant/Next-of-Kin consent to the disclosure of information in this application to Caritas-Singapore / relevant agencies or service providers, as required.

Applicant/Next-of-Kin Signature:

Date:

Name of Applicant :

NRIC/Identification :

**\*This page 2 must be completed by a Singapore Registered Medical Practitioner**

**\*\* If available, attach any latest physio/occupational therapy status report. Thank you.**

**SECTION 6 APPLICANT MEDICAL HISTORY**

Summary of **Medical Conditions / Problems:** (please attach memo if insufficient space)

Summary of **Investigations & Management** to-date (including any recent surgical interventions):

**Current medications:** **Drug Allergies:**  No  Yes (specify)

Does the person have any active infectious disease? **Precautions:**  Standard  Contact  Others (specify)  
 No  Yes (specify)

Are there any medical precautions to be taken or conditions that would require close monitoring?  
 No  Yes (specify)

**SECTION 7 APPLICANT CURRENT FUNCTIONAL STATUS**

**Intellectual impairment:**  No  Yes (specify)

**Disruptive/At-Risk Behaviours:**  No  Yes (specify)

**Active psychiatric symptoms:**  No  Yes (specify)

**Visual Impairment:**  No  Yes (any visual aids?)

**Hearing Impairment:**  No  Yes (any hearing aids?)

**Speech Impairment:**  No  Yes (specify)

**Mobility Status:**  Wheelchair  Ambulant/Walking **With assistance:** Nil / Minimal / Moderate / Maximum

**Walking Aid :**  Nil  Walking Stick / Umbrella  Quad Stick  Walking frame  Others :

**Bathing / Showering:**  Independent  Needs Assistance

**Dressing:**  Independent  Needs Assistance

**Feeding:**  Independent  Needs Assistance

**Toileting:**  Independent  Needs Assistance

**Transfers:**  Independent  Minimal Assistance  Moderate Assistance  Maximum Assistance

**Bowel/Bladder control:**  Continent  Incontinent  Others (specify)

**Wound:**  Nil  Yes (specify site & size)

**SECTION 8 FITNESS FOR REHABILITATION THERAPY**

The applicant **is fit** to undergo rehabilitation, currently, at the following **load/duration** :

light loading / 60 to 120 minutes  medium loading / 120 to 240 minutes  heavy loading / as required for RTW

**Precautions/Restrictions during rehabilitation/therapy :**

**SECTION 9 MEDICAL PRACTITIONER PARTICULARS**

**Name/ Signature of Doctor:**

**MCR Number:**

**Date:**

**Hospital / Clinic name:**

**Address:**

**Telephone:**

Name of Applicant :

NRIC/Identification :

**\*This page R1 is to be completed if application is submitted by the referral agency/organisation**

**SECTION 1 REFERRAL SOURCE INFORMATION**

<b>Name :</b>	<b>Designation:</b>	<b>Telephone:</b>
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<b>Organisation name:</b>	<b>Address:</b>	<b>E-mail:</b>
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**SECTION 2 CONSENT FOR REFERRAL**

*Note: To enable ABLE to process this application, the applicant/next-of-kin must agree to this referral, so that ABLE may begin to contact them directly and, consent to the disclosure of information in this application to Caritas-Singapore / relevant agencies or service providers, as required.*

**Applicant/ Next-of-Kin agreed this referral and consent has been given, on (date) :** \_\_\_\_\_

**Agreed/Consent by (please circle:) Applicant / Next-of-Kin (name:)** \_\_\_\_\_

**SECTION 3 SOCIAL/FINANCIAL INFORMATION (IF FINANCIAL ASSISTANCE IS REQUIRED FOR ABLE SERVICES)**

Singapore Household Means-Test Completed?  Yes  No

If Yes, please state Subsidy Level: \_\_\_\_\_ Valid until: \_\_\_\_\_

If **No**, please provide any information on applicant's Family/Living/Care/Financial arrangements (or attach latest social report/financial information) that will assist ABLE to expedite assessment for financial assistance.

**Referral person name & signature:**

**Date :**