

CAREGIVER TRAINING REGISTRATION FORM - BASIC HOME CARE SKILLS
看护者培训课程报名表格 – 基本家庭护理技巧

PLEASE NOTE/ 请注意:

Kindly submit completed form and necessary documents to/ 请把完成的表格与有关文件交给:

- a) Ward Nurses/ 病房护士
- b) 10B Health Resource Centre (98368204) at NUH Medical Centre, Level 10
- c) Email CancerLineNurse@nuhs.edu.sg

For enquiries, please contact 9722 0569/ 请拨打 9722 0569 查询详情。

***Please approach attending nurse for doctors' memo if your dependent is below 65 years old.**

如果您的看护对象小于 65 岁，请象主治医师要求医生笔录，与表格一起提交。

PATIENT PARTICULARS/ 看护对象详情		
Full Name/ 姓名	NRIC Passport. No/ 身份证号码	Age/ 年龄*
Medical Conditions/ 病情 <input type="checkbox"/> Elderly/老年 <input type="checkbox"/> Oral/ NGT Feeding/口服或鼻饲管喂食 <input type="checkbox"/> COPD/慢性阻塞性肺病 <input type="checkbox"/> Stroke/中风 <input type="checkbox"/> Requires Physio/需要物理治疗 <input type="checkbox"/> Physical Disability/身体障碍 <input type="checkbox"/> Dementia/痴呆症 <input type="checkbox"/> Heart Disease/心血管疾病 <input type="checkbox"/> Hearing Impairment/ 听觉障碍 <input type="checkbox"/> Diabetics/ 糖尿病 <input type="checkbox"/> Immobility/行动不便 <input type="checkbox"/> Visual Impairment/ 视力障碍 <input type="checkbox"/> Others/其它 (Please specify/请注明): _____ <input type="checkbox"/> Assistive Devices (Details/详情): _____		
CAREGIVER 1 PARTICULARS/ 看护者 1 详情		
Full Name/ 姓名	Relationship to Patient/ 与看护对象的关系	Contact Number/ 联系号码 (Mobile/手机) (Home/居家)
Email Address/电邮地址	Language Preferred/首选语言 <input type="checkbox"/> English <input type="checkbox"/> Mandarin/华语 <input type="checkbox"/> Malay <input type="checkbox"/> Dialects/方言 <input type="checkbox"/> Others: _____	
CAREGIVER 2 PARTICULARS/ 看护者 2 详情		
Full Name/ 姓名	Relationship to Patient/ 与看护对象的关系	Contact Number/ 联系号码 (Mobile/手机) (Home/居家)
Email Address/电邮地址	Language Preferred/ 首选语言 <input type="checkbox"/> English <input type="checkbox"/> Mandarin/华语 <input type="checkbox"/> Malay <input type="checkbox"/> Dialects/方言 <input type="checkbox"/> Others: _____	

WORKSHOP DETAILS/ 培训课程详情

Preferred Dates/首选日期 (Classroom-based, 9am – 12pm/课堂教学, 上午 9 点 – 下午 12 点)

9th May, Sat 16th May, Sat 23rd May, Sat 27th May, Wed

Preferred Dates/首选日期 (Home-based/住家随访与评估)

Mon/星期一 Tues/星期二 Wed/星期三 Thurs/星期四
 Fri/星期五 Sat/星期六 Sun/星期六

Preferred Time/首选时间

Mornings/上午
 Afternoons/下午

Preferred Topics/首选题目

Pain Management/管理疼痛 Showering & Sponging/正确的淋浴方式 Mobility/行动
 NGT Feeding/鼻饲管喂食 Medication Management/管理药方 Nutrition/营养
 S/C Injection/皮下注射 Transfers 抬举于移动技巧
 Turning & Changing & Skin Care/翻转, 更衣与护肤
 Others/其他 _____

PDPA Declaration

I understand that by applying and providing my personal information for the above programme, I am giving consent for National University Hospital (S) Pte Ltd and Aaxonn Pte Ltd to contact me and my caregivers for all/ any matters concerning the programme. I confirm that the above mentioned caregivers have given their consent to provide their personal information herewith.

Patient's Signature

Date

FOR OFFICIAL USE

Processing Status

Infopak Posted Infopak Emailed

Date

Notes: