

**MEDICAL REFERRAL FORM – RED BEAN ASSISTANCE**

**A. Personal Information of Patient**

Name: \_\_\_\_\_  
 IC No.: \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 Dialysis Centre/Hospital: \_\_\_\_\_

**B. Medical Condition:**

i) \_\_\_\_\_ ii) \_\_\_\_\_  
 iii) \_\_\_\_\_ iv) \_\_\_\_\_  
 v) \_\_\_\_\_ vi) \_\_\_\_\_

**Hepatitis Status:**

- 1. HBsAg :  Positive  Negative
- 2. Anti HBS :  Positive  Negative
- 3. Anti HCV :  Positive  Negative
- 4. HIV :  Positive  Negative

**Allergies :** \_\_\_\_\_

**C. Anaemic Status:**

Hb: \_\_\_\_\_ Date: \_\_\_\_\_  
 Iron Saturation : \_\_\_\_\_ Date: \_\_\_\_\_

**D. ESA Prescription @ NKF per month:**

Mircera 50 mcg.  Mircera 100 mcg.  Mircera 120 mcg.  Mircera 150 mcg.

**Prescription Form:**

Name:	<div style="text-align: right; font-weight: bold;">Serial No:</div> <div style="text-align: center; font-weight: bold; margin-top: 20px;">Treatment</div> <div style="text-align: center; font-weight: bold; margin-top: 40px;">_____ Consultant Physician &amp; Nephrologist</div>
IC No.:	
Age:	
Date:	
Diagnosis: Renal Anaemia	

**E. Other Comments:**

\_\_\_\_\_  
 \_\_\_\_\_

Name of Nephrologist: \_\_\_\_\_

Signature: \_\_\_\_\_

Chop: \_\_\_\_\_

Date: \_\_\_\_\_