



**CARE EXTENSION TO TRADITIONAL AND COMPLEMENTARY (T&CM)
SERVICES FORM, IN MINISTRY OF HEALTH (MOH) HOSPITAL**

To		Date	
Patient's Name		IC No.	
		RN No.	

Patient's Medical History

Patient's Diagnosis

Presence of contraindications: Yes [] / No [] (please refer the contraindications of T&CM services at the next page)

Indication For Treatment

<p>Acupuncture</p> <ul style="list-style-type: none"> ▪ Post Stroke <input type="checkbox"/> ▪ Chronic Pain <input type="checkbox"/> ▪ Chemotherapy Induced Nausea and Vomiting <input type="checkbox"/> 	<p>Shirodhara</p> <ul style="list-style-type: none"> ▪ Insomnia <input type="checkbox"/> ▪ Headaches <input type="checkbox"/> ▪ Stress or Mental Fatigue <input type="checkbox"/> ▪ Anxiety <input type="checkbox"/> ▪ Mild Depression <input type="checkbox"/>
<p>Traditional Massage</p> <ul style="list-style-type: none"> ▪ Post Stroke <input type="checkbox"/> ▪ Chronic Pain <input type="checkbox"/> 	<p>External Basti Therapy</p> <p align="center"><u>Kati Basti</u></p> <ul style="list-style-type: none"> ▪ Lumbago (Low Back Ache) <input type="checkbox"/> ▪ Lumbar Spondylosis <input type="checkbox"/> ▪ Inter-vertebral disc prolapse <input type="checkbox"/> ▪ Sciatica <input type="checkbox"/> <p align="center"><u>Greeva Basti</u></p> <ul style="list-style-type: none"> ▪ Neck Stiffness and Pain <input type="checkbox"/> ▪ Cervical Spondylosis <input type="checkbox"/> <p align="center"><u>Janu Basti</u></p> <ul style="list-style-type: none"> ▪ Stiffness and Pain in Knee Joint <input type="checkbox"/> ▪ Osteoarthritis of knee Joint <input type="checkbox"/>
<p>Herbal Therapy as Adjunct Treatment for Cancer <input type="checkbox"/></p>	

** Kindly ensure the chosen T&CM service is provided at the T&CM Unit of your hospital*

Verified by:	Signature:	Department:
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* This form is VALID for 1 month only.