

Restricted, Sensitive (Normal)



KK Women's and
Children's Hospital
SingHealth



Request Form for Referral to One Stop Obstetric High Risk Centre (STORK Centre)

Request appointment for *(Please tick one option)*
(Please fax or email referral letter with this request form)

- Obstetric High Risk Clinic (OHRC)
- Joint Obstetric and Dermatology Clinic (OBSSKIN)
- Joint Obstetric and Haematology Clinic (OBSHAEM)
- Preterm Birth Clinic (OBSPRETERM)
- Obstetric Pre-Pregnancy Counselling Clinic (OBSPPC)

STORK Centre

Level 7, Women's Tower
KK Women's and Children's
Hospital
Tel: 6394 1679 / 6394 8901
Fax: 6394 2248
Email: STORK@kkh.com.sg

Referring Doctor Details

Referring Doctor's Name	
Referring Doctor's MCR	
Name of Clinic	
Clinic Address	
Clinic Tel	
Clinic Fax	
Email	

Patient Details

Name of Patient (as shown in NRIC/passport)	
NRIC/Passport Number	
Date of Birth	
Address	
Contact number	
Pregnancy details	LMP: _____ EDD: _____ Gravida: _____ Para: _____
Indication for referral	

Appointment details (to be filled in by STORK Centre staff)

Date of appointment given:

Time of appointment given: