



### **Who is eligible for a wish?**

Anyone aged 19 and above who:

- has < 12 months prognosis. This includes people with:
  - o End-stage conditions, for example, organ failure and late-stage cancer.
  - o General frailty and co-existing conditions that mean they are expected to die within 12 months
  - o Existing conditions if they are at risk of dying from a sudden acute crisis in their condition
  - o Life-threatening acute conditions caused by sudden catastrophic events
- Is Singaporean, Permanent Resident
- Has not received a wish from another wish-granting organisation

### **Patient who may be eligible to receive a wish can be referred by one of three sources:**

- Medical professionals (e.g. doctor, nurse, allied health professional, medical social worker)
- Potential wish recipient
- Family members with detailed knowledge of patient's current condition

### **Note:**

Ambulance Wish Singapore is committed to respecting the privacy of the patient referred to us for the purpose of fulfilling patient's wish. Before referring any patient to us, please seek the consent of the patient being referred.

The processing and preparation of wishes would take about 4 – 6 weeks.

Ambulance Wish Singapore does not cold call or telemarket.

**Pls submit both the Wish Request form and Medical Eligibility form for Ambulance Wish Singapore's review.**

## WISH REQUEST FORM

### Patient Information

Salutation:  Mr  Ms  Mrs  Mdm  Miss  Dr  Prof

First Name:

Last Name (Surname):

Gender:

NRIC:

Date of Birth:

Age:

Nationality:

Race:

Religion:

Contact No.:

Address:

Language Spoken:

### Medical Information

Primary diagnosis:

Approximate diagnosis date:

Is patient under the care of a hospice or palliative care service?

Yes Name of hospice/ palliative care service: \_\_\_\_\_

No

Is there a medical reason why we need to move quickly:

Additional information:

### Next of Kin Information

Salutation:  Mr  Ms  Mrs  Mdm  Miss  Dr  Prof

Name:

Contact No.:

Email:

Address:

Language Spoken:

Relationship to the patient:

**Referrer Information**

Name:

Dept/ Organisation:

Contact No.:

Email:

Relationship to the patient:  Father  Mother  Guardian  Parent  Family

Medical Professional  Social Worker  Nurse  Physician  Others \_\_\_\_\_

**Main Physician Information**

Name:

Dept/ Organisation:

Contact No.:

Email:

**Wish Information**

Is the patient able to verbalise his/her wish?  Yes  No

If no, how does the patient communicate?

How mobile is the patient?  Walking with assistance  Sitting in wheelchair  Bedridden

Others \_\_\_\_\_

Description on patient:

I confirm that the above information is accurate and agree for my medical condition to be disclosed for the purpose of wish granting by Ambulance Wish (Singapore) Ltd.

**Wish Recipient**

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

Name: \_\_\_\_\_

NRIC: \_\_\_\_\_

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

Please send completed wish request form to:

Carol Wee

Email: [weecarol@yahoo.com](mailto:weecarol@yahoo.com)

For enquiries, pls contact Carol Wee at Tel: 9781 2169, email: [weecarol@yahoo.com](mailto:weecarol@yahoo.com)

## **MEDICAL ELIGIBILITY FORM**

This Medical Eligibility Form must be completed and signed by the referred patient's main physician (or nurse, if the referred patient is under a home hospice programme) and emailed to weecarol@yahoo.com. This Medical Eligibility Form is being signed for the purpose of fulfilling the referred patient's wish, to be carried out by Ambulance Wish (Singapore) Ltd.

### **Patient Information**

Salutation:  Mr  Ms  Mrs  Mdm  Miss  Dr  Prof

Name:

NRIC:

Date of Birth:

Medical condition:

### **Patient is Eligible**

I am familiar with Patient's medical condition and certify that, at the time of referral, the Patient has < 12 months prognosis.

Comments:

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Main Physician / Nurse's signature & stamp  
(Nurse - if patient is under a home hospice programme)

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Clinic/ Hospital Name

Name:

Tel No.:

Email:

Date: