



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 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 will work closely with referring centres to expedite the wish request, if necessary.

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:

Date of Birth:

Age:

Nationality:

Contact No.:

Address:

Race:

Religion:

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:

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 (pls specify)

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: _____

Date: _____

Please send completed wish request form to: Carol Wee at email:
contact@ambulancewishsingapore.com

For enquiries, please contact Carol Wee at Tel: 9781 2169 or email
contact@ambulancewishsingapore.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 to be 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:

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:

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

Clinic/ Hospital Name

Name:

Tel No.:

Email:

Date: