TSquared Physio

Patient Referral Form

Patient Name:

NRIC/FIN:

Date of Birth:

Phone Number:

Diagnosis / Conditions:

Previous Treatments, if any:

Reason for Referral:
(please include specific areas of concern)

Relevant Medical History:
(including any known allergies, surgeries, or contraindications)

Referring Doctor:

UPIN:

Clinic / Hospital Name:

Contact No.:

Doctor's Signature & Stamp

Date:

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To make an appointment Scan this QR code

Website: tsquaredlab.com/sg/physiotherapy

Email: physiotherapy@tsquaredlab.com

Please bring copies or original scan results such as X-ray or MRI.
Wear comfortable clothing that allows access to the injured area and allows you to move freely.

Please refer to the terms & conditions at the back.

Important Terms and Conditions

By signing this form, the referring physician and the patient acknowledge the following:

Treatment Expectations: Physiotherapy is a physical intervention that aims to improve mobility, relieve pain, and restore function. However, results may vary, and no guarantees of specific outcomes are provided.

Informed Consent: The patient understands the nature of physiotherapy treatment, including the potential risks and benefits, and consents to such treatment. These treatments may involve physical manipulation, therapeutic exercises, and the use of medical devices, among others.

Assumption of Risk: While every effort is made to ensure the patient's safety, there may be inherent risks involved in physiotherapy treatments, including but not limited to muscle soreness, temporary discomfort, or aggravation of existing conditions. The patient agrees to assume all risks associated with treatment.

Waiver of Liability: TSquared Lab, its practitioners, employees, and affiliates shall not be held liable for any injuries, complications, or adverse outcomes resulting from treatments or recommendations provided, except in cases of gross negligence. The patient acknowledges that they are receiving physiotherapy treatments voluntarily and release TSquared Lab from all claims related to the treatment provided.

Non-disclosure: All patient information relayed via this form shall be held confidentially by TSquared Lab in accordance with the Personal Data Protection Act of Singapore and will not be shared with any third parties except as required by law.