



Polyclinics
SingHealth

My CARE Team

Get Healthy, Be Happy



PATIENTS. AT THE HEART OF ALL WE DO.®

What is My Care Team?

My Care Team (MCT) is a **multi-disciplinary healthcare team** that is committed to provide **integrated care** and help you **achieve your health goals**. With dedicated roles, each member in your care team will build a **trusted and long-term relationship** with you in your journey to better health.

MCT harnesses the strengths of each member and pools knowledge and resources to develop a personalised care plan for each patient. MCT strives to transform patient experience and actively engage and empower patients as full participants in preventive care.

Take charge of your health by going for regular health screenings and staying up-to-date with your vaccinations.

Who is part of My Care Team?



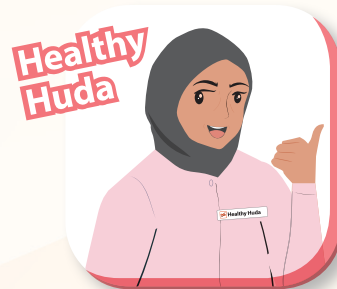
Doctors

- Take care of your medical needs
- Lead the team to provide holistic care for you



Care Managers

- Conduct clinical assessments
- Share practical health tips
- Coordinate your social needs



Health Pals

- Coordinate appointments
- Coordinate your preventive care needs

Why join My Care Team?

- Receive **integrated care** from a **multi-disciplinary healthcare team**
- Enjoy better quality of care through **stronger teamwork** and **better communication** in the team
- **Build rapport** and **long-term relationship** with your healthcare team
- Achieve **better health outcomes** through a **personalised care plan**
- Receive **practical advice** and **health tips** to stay healthy
- Benefit from **care coordination** for your appointments and preventive care needs

Sign up for My Care Team today! Receive personalised care for better health and have better control over your chronic illnesses.



Start to live **WELL**,
live better we shall.

Doctor - Wellness William

CARE that never quits,
commit to be fit.

Care Manager - Caring Carol



HEALTH is wealth,
take care of yourself.

Health Pal - Healthy Huda



How to join?

Let us partner you in your journey to a healthier you! Say "YES" to My Care Team and start your healthier journey by filling up the questionnaire on the next few pages.

Patient's name: _____

You will be cared for by: _____

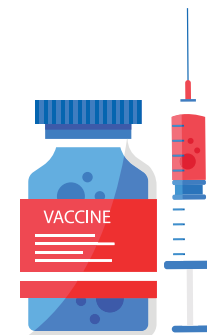
Polyclinic	
Care Team	
Doctors	

Care Needs		Appointment Date & Time (where applicable)
Screening	Breast Cancer Screening - Mammogram*	
	Cervical Cancer Screening - Pap Test / HPV Test	
	Colorectal Cancer Screening - Faecal Immunochemical Test (FIT)	
Vaccination	HPV Vaccination	
	Influenza	
	Pneumococcal - PCV13 / PPSV23	
Diabetes Care	Diabetic Foot Screening (DFS)	
	Diabetic Retinal Photography (DRP)	

* Call BreastScreen Singapore (BSS) 6536 6000 for mammogram appointment

Vaccinations

The National Adult Immunization Schedule (NAIS) provides guidance on vaccinations that persons 18 years and older should receive to protect against vaccine-preventable diseases. The following are a few examples.



Influenza (flu) and Pneumococcal

Vaccination protects you from vaccine-preventable diseases like influenza and pneumococcal diseases, e.g. lung and ear infections. You are at higher risk of developing serious complications if you are 65 years and above, or if you have certain chronic medical conditions. Strengthen your immunity against these diseases by getting vaccinated.

18 to 64 years old

- Influenza*:**
1 dose annually or per season
 - Pneumococcal Conjugate (PCV13)*:**
1 dose
 - Pneumococcal Polysaccharide (PPSV23)*:**
1 or 2 doses (depending on indication)
- * Recommended for adults with specific medical conditions or indications.*

≥ 65 years old

- Influenza:**
1 dose annually or per season
- Pneumococcal Conjugate (PCV13):**
1 dose
- Pneumococcal Polysaccharide (PPSV23):**
1 dose

Human Papillomavirus (HPV)

For females aged 9 to 26*, you can reduce your risk of cervical cancer with HPV vaccination.

* SingHealth Polyclinics uses Cervarix which must be given to an individual before their 26th birthday.






Cancer Screening

Cancer screening can detect cancers early before a person develops any symptoms. This allows early treatment, which is simpler and more effective.

Recommendation for cancer screening is based on your age, gender as well as personal and family history of cancers.



Recommendation for individuals with average risk

To screen for	Age to start screening	Screening Test	Scan to find out more
Colorectal Cancer	50 years old	Perform a FIT annually, or Colonoscopy 5-10 yearly	 https://for.sg/colorectal-cancer
Breast Cancer *	50 years old	Go for a Mammogram once every 2 years (50-69 years old)	 https://for.sg/breast-cancer
Cervical Cancer*	25 years old	Perform a pap smear test once every 3 years (25-29 years old); HPV test once every 5 years (30 to 69 years old)	 https://for.sg/cervical-cancer

* Only applicable to females

Cardiovascular Care

Cardiovascular (heart) disease refers to a range of diseases of the heart and blood vessels. It begins with damage to the body from lifestyle factors like smoking, physical inactivity and unhealthy diet. This progresses to development of high-risk diseases such as obesity, high blood pressure and diabetes.

Screening identifies those at risk of future cardiovascular events. Many of these risk factors are modifiable. Early detection leads to early intervention and prevent onset of complications such as kidney diseases, heart failure and stroke.

Recommendation for individuals with average risk

To screen for	Screening test	Recommended for	Screening frequency
Obesity	Body Mass Index (BMI) Waist circumference	Individuals aged 18 years and above	Once a year
Smoking	Smoking status (smoker/ non-smoker/ex-smoker)	Individuals aged 18 years and above	Once a year
High Blood Pressure	Blood pressure measurement	Individuals aged 18 years and above	Once every 2 years
Diabetes Mellitus¹	HbA1c (non-fasting test) or fasting blood glucose	Individuals aged 40 years and above	Once every 3 years
High Cholesterol²	Fasting or non-fasting cholesterol test	Individuals aged 40 years and above	Once every 3 years

¹ Inform your Care Team if your parent, sibling or child has diabetes mellitus

² Inform your Care Team if your relatives have been diagnosed with heart disease <60 years old

Identify your healthcare needs

Recommendation for cardiovascular care, cancer screening and vaccinations will be based on your age, gender, medical condition and other risk factors.



18 to 24 years old | 25 to 49 years old | 50 years old and above

Vaccinations	Section A*, B, C <i>(*Only applicable for females below 26 years old)</i>		Section B, C
Cancer Screenings	-	Section F	Section D, E, F
Cardiovascular Care	Section G		



< 50 years old | 50 years old and above

Vaccinations	Section B, C	
Cancer Screenings	-	Section D
Cardiovascular Care	Section G	

Section A: HPV Vaccination

For females only, 18 to 26 years old

All females, within the eligible age range, are strongly encouraged to receive the HPV vaccination to reduce the risk of cervical cancer. The number of doses required depends on the age of vaccination:



18 to 26* years old
3 doses

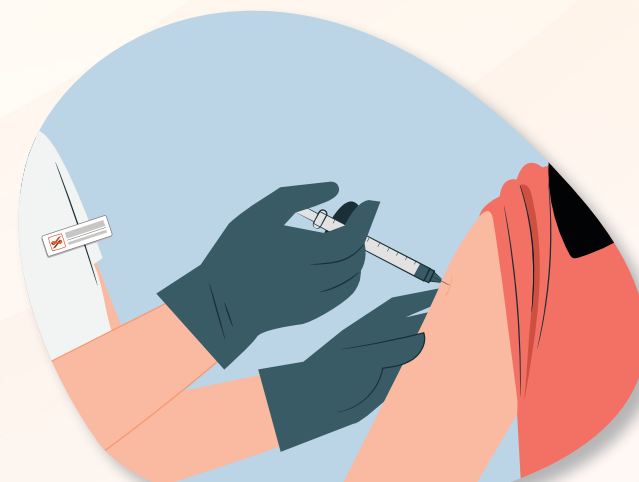
1 Have you completed your HPV vaccination?

Yes**
 Dose 1: _____
 Dose 2: _____
 Dose 3 (if any): _____

No Get your shot!

* SingHealth Polyclinics uses Cervarix which must be given to an individual before their 26th birthday.

** If you fulfil the criteria for cervical cancer screening, it is important to undergo regular screening even if you have completed your HPV vaccination.



Section B: Influenza (flu) Vaccination

Influenza vaccination (annually or per season) is recommended for anyone aged 6 months and above, particularly for the following groups who have a higher risk of severe infection and complications:

- Individuals aged 65 and above, or between 6 months to 5 years old
- Individuals aged 18 to 64 and with any of the following chronic medical conditions:
 - Diabetes
 - Heart disease e.g. heart failure, ischemic heart disease, heart valve disease
 - Kidney disease e.g. chronic kidney disease, kidney failure, nephrotic syndrome
 - Chronic lung disease e.g. asthma, chronic obstructive lung disease (COLD), bronchiectasis
 - Chronic liver disease e.g. chronic hepatitis (e.g. Hepatitis B or C), liver cirrhosis
 - Neurological conditions e.g. stroke, dementia, Parkinson's disease, epilepsy
 - Lowered immunity due to medications
 - Lowered immunity due to medical conditions
 - Staying in a nursing home
 - Pregnant

1	Have you received your flu vaccination in the last one year?	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No Get your shot!
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Section C: Pneumococcal Vaccination

For both males and females, 65 years old and above, or 18 to 64 years old with certain chronic medical conditions.

1	Have you received any PCV13 vaccination? (adults only need ONE dose of PCV13)	<input type="checkbox"/> Yes Date _____ You do not need another PCV13 shot. Proceed to Q2 <input type="checkbox"/> No Get your PCV13 shot!
2	Have you received any PPSV23 vaccination at or after 65 years old?	<input type="checkbox"/> Yes Date _____ You have completed all your pneumococcal vaccination <input type="checkbox"/> No , I had one dose of PPSV23 before 65 years old <input type="checkbox"/> No , I have not had any PPSV23

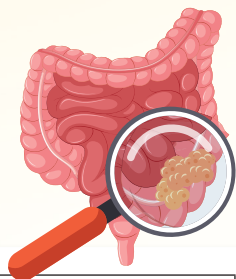
18 to 64 years old (with chronic medical conditions)

Depending on your chronic medical conditions, your medical provider will advise you if pneumococcal vaccination is recommended for you. Do let your Care Team know if you have any chronic medical conditions.



Section D: Colorectal Cancer

For both males and females, 50 years old and above



1	<p>Have you had a scope done for your large intestine in the last 5-10 years? (Colonoscopy in the past 10 years or flexible sigmoidoscopy or CT colonography in the past 5 years)</p>	<input type="checkbox"/> Yes Proceed to Q2 <input type="checkbox"/> No Proceed to Q3
2	<p>What is the screening result? (Proceed to the next section after this question)</p>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, on follow-up with specialist <input type="checkbox"/> Abnormal, not on follow-up with specialist Please see a doctor <input type="checkbox"/> Unknown
3	<p>Do you have any of the following symptoms?</p> <ul style="list-style-type: none"> i. Discomfort or bleeding from the anus ii. Change in bowel habits iii. Abdominal pain iv. Unexplained weight loss 	<input type="checkbox"/> Yes Please see a doctor <input type="checkbox"/> No Proceed to Q4
4	<p>Do you have any of the following?</p> <ul style="list-style-type: none"> i. Have you previously been diagnosed to have inflammatory bowel disease (Crohn's disease, ulcerative colitis)? ii. Have you or any of your immediate family members had colon polyps (fleshy growths in the intestine) or colon cancer? iii. Have you ever been diagnosed with cancer of the ovaries or womb? 	<input type="checkbox"/> Yes Please see a doctor <input type="checkbox"/> No Request for a FIT kit (Please discuss with your Care Team if you wish to consider colonoscopy.)

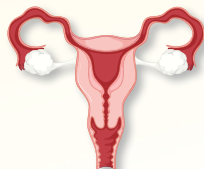
Section E: Breast Cancer

For females, 50 to 69 years old



1	<p>Have you had a mammogram done in the past 2 years?</p>	<input type="checkbox"/> Yes Proceed to Q2 <input type="checkbox"/> No Proceed to Q3
2	<p>What is the screening result? (Proceed to the next section after this question)</p>	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, on follow-up with specialist <input type="checkbox"/> Abnormal, not on follow-up with specialist Please see a doctor <input type="checkbox"/> Unknown
3	<p>Do you have any of the following breast symptoms?</p> <ul style="list-style-type: none"> i. Breast lump ii. Nipple discharge 	<input type="checkbox"/> Yes Please see a doctor <input type="checkbox"/> No Proceed to Q4
4	<p>Do you have any personal history of breast cancer?</p>	<input type="checkbox"/> Yes Please see a doctor <input type="checkbox"/> No Proceed to Q5
5	<p>Do you have any of the following?</p> <ul style="list-style-type: none"> i. Been told to have a gene mutation causing increased risk of breast cancer ii. Received radiation treatment to the chest for previous cancers iii. A family history of breast or ovarian cancer iv. A personal history of ovarian cancer 	<input type="checkbox"/> Yes Proceed with mammogram (Please discuss with your Care Team for further advice) <input type="checkbox"/> No Proceed with mammogram

Section F: Cervical Cancer

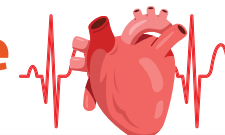


For females, 25¹ to 69 years old

1	Cervical cancer screening is only needed for females who have had sexual intercourse. Have you ever had sexual intercourse?	<input type="checkbox"/> Yes <input type="checkbox"/> No¹
2	Are you pregnant? (not applicable if patient is menopause, proceed to Q3)	<input type="checkbox"/> Yes Check with your care team after delivery <input type="checkbox"/> No Proceed to Q3
3	Females aged 25 to 29 years old: Have you had a cervical cancer screening (Pap smear) in the past 3 years? Females aged 30 to 69 years old: Have you had a cervical cancer screening (HPV test) in the past 5 years?	<input type="checkbox"/> Yes Proceed to Q4 <input type="checkbox"/> No Proceed to Q5
4	What is the screening result? (Proceed to the next section after this question)	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, on follow-up with specialist <input type="checkbox"/> Abnormal, not on follow-up with specialist Please see a doctor <input type="checkbox"/> Unknown
5	Do you have any of the following symptoms? i. Abnormal vaginal bleeding (e.g. bleeding in between menses, bleeding after intercourse) ii. Abnormal vaginal discharge	<input type="checkbox"/> Yes Please see a doctor <input type="checkbox"/> No Proceed to Q6
6	Do you have any of the following? i. Have you previously been diagnosed to have cancer in the womb, vagina or cervix (cervix is the opening of the womb)? ii. Have you had any surgery to remove part of / the whole womb?	<input type="checkbox"/> Yes Please see a doctor <input type="checkbox"/> No Proceed with Pap smear (for 25-29 years old) or HPV test (for 30-69 years old)

¹ For females 9 to 26 years old, you can reduce your risk of cervical cancer with HPV vaccination. Refer to Section A for recommendation on HPV vaccination.

Section G: Cardiovascular Care



For both males and females, 18 years old and above

1	Do you have any of the following medical conditions? (Select all that apply) <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease <input type="checkbox"/> High blood pressure <input type="checkbox"/> Kidney disease <input type="checkbox"/> High cholesterol <input type="checkbox"/> Stroke	<input type="checkbox"/> Yes Ensure that your regular panel test is performed. If you have diabetes, please go for your diabetic eye and foot screen at least once a year. Proceed to Q3 and Q4 <input type="checkbox"/> No Proceed to Q2-Q4
2	Have you done any blood pressure check in the last 1 year?	<input type="checkbox"/> Yes You are up to date with your screening <input type="checkbox"/> No Please get it checked
3	What is your BMI? Weight _____ kg Height _____ m $\text{BMI} = \frac{\text{Weight (in kg)}}{\text{Height (in m)} \times \text{Height (in m)}}$ = _____ What is your waist circumference? (measured at level of belly button): _____ cm	BMI <input type="checkbox"/> <18: Underweight (Speak to your Care Team for dietary advice.) <input type="checkbox"/> 18-23: Normal weight <input type="checkbox"/> >23: Overweight (Speak to your Care Team for management options.) Waist Circumference <input type="checkbox"/> Male: > 90cm Female: > 80cm (Speak to your care team for management options.)
4	What is your smoking status?	<input type="checkbox"/> Smoker: Smoked at least 100 sticks in lifetime and has smoked in last 30 days <input type="checkbox"/> Ex-smoker: Smoked at least 100 sticks in lifetime and has not smoked in last 30 days <input type="checkbox"/> Non-smoker or smoked <100 sticks in lifetime
Proceed onto Q5 and Q6 if you are 40 and above		
5	Have you checked your blood sugar in the last 3 years? (e.g. HbA1c, fasting glucose)	<input type="checkbox"/> Yes You are up to date with your screening <input type="checkbox"/> No Please get it checked
6	Have you checked your cholesterol in the last 3 years?	<input type="checkbox"/> Yes You are up to date with your screening <input type="checkbox"/> No Please get it checked

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