

## NUH Direct Access Referral Form

**PART A** (To be filled in by Referring GP Partner)

### Patient Particulars

Name :	NRIC No. :
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	Contact No. :

### Case Information

Brief History, Clinical Findings and Initial Diagnosis :	<b>Known Allergies :</b>
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### Referring GP Particulars

Name of GP :	Clinic Name & Address :	
Signature of GP :		
Date (dd/mm/yy) :	Tel :	Fax :

*(For use only by NUH Staff)*

**PART B** (To be filled in by Appointment Officer)

### Referral Information

<input type="checkbox"/> Direct Admission	<input type="checkbox"/> Same-day SOC Referral	<input type="checkbox"/> Semi-Urgent SOC Referral	<input type="checkbox"/> Others
<b>Direct Admission</b>	<b>SOC Appointment</b>		
Date (dd/mm/yy) :	Specialist Outpatient Clinic :		
Est. Time of Arrival : <span style="float: right;">am / pm</span>	Date of Appointment (dd/mm/yy) :		
Class : <span style="margin-left: 40px;">Ward :</span> <span style="margin-left: 40px;">Bed :</span>	Time of Appointment :		am / pm

**PART C** (To be filled in by NUH Doctor)

### Initial Diagnosis Report

Name of Doctor :	
Tel :	Ward / Clinic :
Clinical Findings, Investigations, Diagnosis and/ or Treatment :	
Signature of Doctor :	Date (dd/mm/yy) :

**Direct Access SOC Fax Number :**  
**6773 4913**