National University Hospital

Patient Liaison Centre (PLC)

DIRECT ADMISSION REQUEST FORM *(For Non-Resident)*

[Restricted, Sensitive (Normal)]

VRE, CRE & CANDIDA AURIS screenings required in NUH

We place patient safety above all considerations at NUH. Hence, the following are critical information which must be FULLY COMPLETED in order for PLC to assist with your direct admission request.

The latest Medical Report from patient's treating doctor will still be required in addition to this request form.

Date of Information:

_____

PATIENT INFORMATION			
Name of Patient (as in passport):			
Nationality:	Passport No.:	Date of Birth:	Gender: F ☐ M ☐
NUH Registration No. (if avail):		Mode of Travel: Air Ambulance ☐	Commercial Flight ☐
Requested Admission Dates to NUH (pls provide a range):			
Choice of Bed: ICU ☐ HD ☐ 1-Bedder ☐ 4-Bedder ☐ Deluxe ☐			

REQUESTOR INFORMATION		
Name:	Relationship to Patient:	Tel No.:

INITIAL MEDICAL INFORMATION			
(A) Ministry/Hospital Directives: *(Compulsory to fill up ID Checklist if "yes" to any of the questions)*			
1) Does patient have pneumonia now?	No ☐	Yes ☐	If yes, since when?
2) Does patient have meningitis now?	No ☐	Yes ☐	If yes, since when?
3) Does patient have encephalitis now?	No ☐	Yes ☐	If yes, since when?
4) Does patient have haemorrhagic fever now?	No ☐	Yes ☐	If yes, since when?
5) Is there any clinical suspicion that patient may have any of the above conditions?	No ☐	Yes ☐	If yes, please provide details in medical report.
6) Is patient diagnosed with any other chest-related condition or experiencing any chest-related symptoms now?	No ☐	Yes ☐	If yes, please provide details in medical report.
7) Is patient undergoing treatment now for avian influenza infection, multi resistant organism infection or tuberculosis?	No ☐	Yes ☐	If yes, please provide details in medical report.
(B) MERS-CoV/Chickenpox/Measles/COVID-19:			
1) Does patient have fever, rash, cough, cold, conjunctivitis, runny nose, sore throat or shortness of breath?	No ☐	Yes ☐	If yes, which one & since when?
2) Has patient ever been diagnosed with COVID-19?	No ☐	Yes ☐	If yes, please provide a copy of patient's first COVID-positive test result and subsequent negative test results.
3) Has patient had close contact with someone with COVID-19 in the last 21 days?	No ☐	Yes ☐	If yes, when?

4) Has patient travelled outside of current country of residence in the last 14 days? ★	No	☐	Yes	☐	If yes, where?
5) Has patient travelled to Saudi Arabia, Qatar, Jordan, UAE, Oman, Kuwait, Yemen &/or Lebanon in the last 14 days? ★	No	☐	Yes	☐	If yes, where?
(C) Others:					
1) Medical Diagnosis/Specialty (if known):					
2) Is patient in high dependency (HD) ward or intensive care unit (ICU) now?	No	☐	Yes	☐	If yes, which one & since when?
3) Has patient been in HD ward or ICU in last 30 days?	No	☐	Yes	☐	If yes, which one & when did patient transfer out?
4) Is patient on oxygen now?	No	☐	Yes	☐	If yes, since when?
5) Has patient been on oxygen in last 30 days?	No	☐	Yes	☐	If yes, when was it removed?
6) Is patient on ventilator now?	No	☐	Yes	☐	If yes, since when?
7) Has patient been on ventilator in last 30 days?	No	☐	Yes	☐	If yes, when was it removed?
8) Is patient intubated now?	No	☐	Yes	☐	If yes, since when?
9) Has patient been intubated in last 30 days?	No	☐	Yes	☐	If yes, when was it removed?
10) Is patient on inotropes now?	No	☐	Yes	☐	If yes, since when?
11) Has patient been on inotropes in last 30 days?	No	☐	Yes	☐	If yes, when it was stop?
12) Is patient on any lines or catheters now?	No	☐	Yes	☐	If yes, since when?
13) Has patient been on any lines or catheters in last 30 days?	No	☐	Yes	☐	If yes, when was it removed?
14) Is patient with tracheostomy now?	No	☐	Yes	☐	If yes, since when?
15) Has patient had tracheostomy in last 30 days?	No	☐	Yes	☐	If yes, when was it removed?
16) Is latest medical report attached with this checklist?	No	☐	Yes	☐	Report must be based on latest information that is within 48 hours of date of this request.