

## 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 :			
MCR No.	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"/> Same-day SOC Referral	<input type="checkbox"/> Semi-Urgent SOC Referral ( <i>within 3 working days</i> )	<input type="checkbox"/> Others
<b>Details of SOC Appointment</b>		
Specialist Outpatient Clinic :		
Date of Appointment (dd/mm/yy) :		
Time of Appointment :		am / pm

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

#### Initial Diagnosis Report

Name of Doctor :	MCR No.
Tel :	Ward / Clinic :
Clinical Findings, Investigations, Diagnosis and/ or Treatment :	
Signature :	Date (dd/mm/yy) :