



**GENERAL PRACTITIONER EMPOWERMENT PROGRAMME (GPEP)  
DIRECT WARD REFERRAL AUTHORISATION**



Singapore  
General Hospital

Tel: (65) 6321 4822  
Fax: (65) 6321 4062



Changi  
General Hospital

Tel: (65) 6850 1648  
Fax: (65) 6782 4898

**PART 1**

**Reminder: Patients admitted under this scheme should be stable and not require urgent medical treatment or assessment.**

**Patient's Particulars**

**Patients requiring urgent treatment should be seen at the A&E Dept.**

Name	NRIC no.:	
	Tel no. (H):	
	Other contact no.:	
Address	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident
	DOB: _____	
Consultant Requested (for A & B1 class beds only)	Date of Admission	Class of Bed Requested for: <input type="checkbox"/> A <input type="checkbox"/> B1 <input type="checkbox"/> B2+ <input type="checkbox"/> B2 <input type="checkbox"/> C

**GP's Particulars**

Name of Referring Gp		Name & Address of Clinic
MCR no.		
Telephone no.	Fax no.	Signature of GP

**Patient's Clinical condition**

Hospital: SGH / CGH Discipline / Department		Known Allergies
Brief history, clinical findings and diagnosis		

**PART II - Diagnosis (to be filled in by Ward Doctor)**

Name of Consultant-in-charge		Hospital _____	Ward _____	Bed _____
Provisional Diagnosis	Treatment Instituted			
_____	_____	_____	_____	_____
Name of Doctor	MCR no.	Signature of Doctor		