GP REFERRAL

SingHealth

Part A Referral Information (To be filled in by referring GP)

☐ SOC (Clinic: _____) ☐ A & E Dept

Institution: ☐ CGH ☐KKH ☐SGH ☐NCC ☐NDC ☐NHC ☐SNEC

Name of Specialist: _____

Discipline/Department: _____

Date of Appointment: ☐☐ / ☐☐ / ☐☐ (d d / m m / y y) Time of Appointment: ☐☐ : ☐☐ am/pm

Part B Patient Particulars

Name :

Address :

NRIC : Contact No:

Gender : ☐ Male ☐ Female

Part C Medical Information

History, Clinical Findings, Provisional Diagnosis and Reasons for Referral

Medications:

Known Allergies:

Part D Referring GP Particulars

Name of GP:

Clinic Name and Address:

Signature Date

Tel: Fax:

SINGHEALTH HOTLINE NUMBERS

Changi General Hospital	CGH 6788 3003	National Cancer Centre Singapore	NCCS 6436 8288	National Neuroscience Institute	NNI 9637 9718
KK Women's and Children's Hospital	KKH 6294 4050	National Dental Centre	NDC 6324 8798	Singapore National Eye Centre	SNEC 6322 9399
Singapore General Hospital	SGH 6321 4402	National Heart Centre Singapore	NHCS 6436 7848		