



...Promoting excellent healthcare

NHIS/POLICE HEALTH MAINTENANCE LIMITED (POLICE HMO)

REFERRAL FORM

DATE: _____

FROM (HEALTH FACILITY) _____

NHIS REG. NO. _____

REFERRED TO _____

PATIENT'S NAME _____

NHIS ID. NO. _____

AP NO. _____

FORCE NO. _____

COMMAND NAME _____

HMO CODE _____

CLINICAL FINDINGS _____

INVESTIGATION _____

PROVISIONAL DIAGNOSIS _____

REASON FOR REFERRAL _____

NAME OF REFERRING PERSONNEL _____

SIGNATURE & STAMP _____

DATE _____

.....

ACKNOWLEDGEMENT

RECEPIENT'S FACILITY _____

PATIENT'S NAME _____

COMMAND _____

NHIS ID. NO. _____

AP NO. _____

ACTION TAKEN _____

DOCTOR'S SIGNATURE _____ DATE _____