

## **DEFENCE HEALTH MAINTENANCE LTD**

THE NATIONAL HEALTH INSURANCE SCHEME

NHIS ID No. .....

## **REFERRAL FORM**

DATE	HMO CODE
FROM (HEALTH FACILITY)REFERRED TO	
SERVICE NoPATIENT'S NAME	
PATIENT'S PHONE NUMBER(S)CLINICAL FINDINGS	
INVESTIGATION	
PROVISIONAL DIAGNOSIS	
REASON FOR REFERRAL	
NAME OF REFERRING PERSONNEL	
SIGNATURE & STAMPDATE	
ACKNOWLEGEMENT SLIP	
RECIEPIENT'S FACILITY	
PATIENT'S NAME	
NHIS ID No	
ACTION TAKEN	·
DOCTOR'S NAME & SIGNATURE	