MINISTRY OF PRESIDENTIAL AFFAIRS
H.H. the President Initiatives
Sheikh Khalifa Specialty Hospital |Ras Al-Khaimah

وزارة شـــؤون الـــرئـــاســـــة
مبادرات صاحب السمو رئيس الدولة
مستشفى الشيخ خليفة التخصصي | رأس الخيمة

Referral Form

Patient's Name _____
DOB _____ MRN _____
Gender_____ Ethnicity _____
Tel _____
Address _____

Category	□ Consultation □ Operation □ Special test □ Cancer Screening □ Emergency transfer □ Others (Specify:)

Centers	□ Oncology center □ Cardiovascular center □ Neuroscience center □ Division of Surgery □ Division of Medicine □ Division of Imaging & Laboratory □ Others (specify:)

Patient consent to referral: □ YES □ NO

□ **Emergency** □ **Urgent** □ **Routine**

Summary of Medical Record

Brief History

Diagnosis or problem

1._____.

2._____.

3._____.

Treatment & Tests Performed (Please attach test results)

Medication History

Feedback Preference: □ Fax □ Letter □ E-mail

Referring Hospital Information

Hospital: Date of Referral (DD/MM/YYYY): / /

Physician: Signature:

Phone: Fax: Email:

Head/chief of department: Signature:

CMO: Signature:

Contact Information for Referral Service

Hospital Network Management Team, P.O. box 6365, H.H. Sheikh Khalifa Specialty Hospital, Ras Al Khaimah, U.A.E.

Phone: 07-244-4444(Extension 5604, 3339) E-mail: referral@skshrak.ae

Fax: 07-244-4437+971-56-997-8575 (Only for doctor's contact)

Referral Process

Once referral is considered in your hospital,

A. Responsible clinician or Department Head in your hospital communicates with Head of relevant department in SKSH through Hospital Network Management Team (HNMT).
B. Head of SKSH reports the case to CMO of SKSH to get an approval.
C. With support from HNMT in SKSH, the referring physician fills the referral form and sends the patient to SKSH with referral letter, consent and other documents including rest results.