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

وزارة شــــؤون الــرئــاســـة
مبادرات صاحب السمو رئيس الدولة
مستشفى الشيخ خليفة التخصصي | رأس الخيمة

Sheikh Khalifa Specialty Hospital

Out Patient Referral Form

Patient Information:

Patient's Name:_____

DOB_____ MRN_____

Gender_____ Ethnicity_____

Contact number_____

Address_____

Patient consent to referral: ☐ Yes   ☐ No

Centers:

☐ Cardiovascular Center

☐ Oncology Center

☐ Neuroscience Center

☐ Division of Surgery

☐ Division of Medicine

☐ Others

☐ Urgent   ☐ Routine

Summary of Medical Record:

Medical History:

Diagnosis:

1._____

2._____

3._____

Hospital Network Management Team (HNMT) , Sheikh Kalifa Specialty Hospital
Phone : 07-244-4444 (ext. 5604, 3339), Mobile : +971-56-997-8575 (For doctor's contact only)
Fax : 07-244-2237, Email : referral@skshrak.ae

Treatment & Tests Performed (Please attach test results)

Medication History

Referring Hospital Information:

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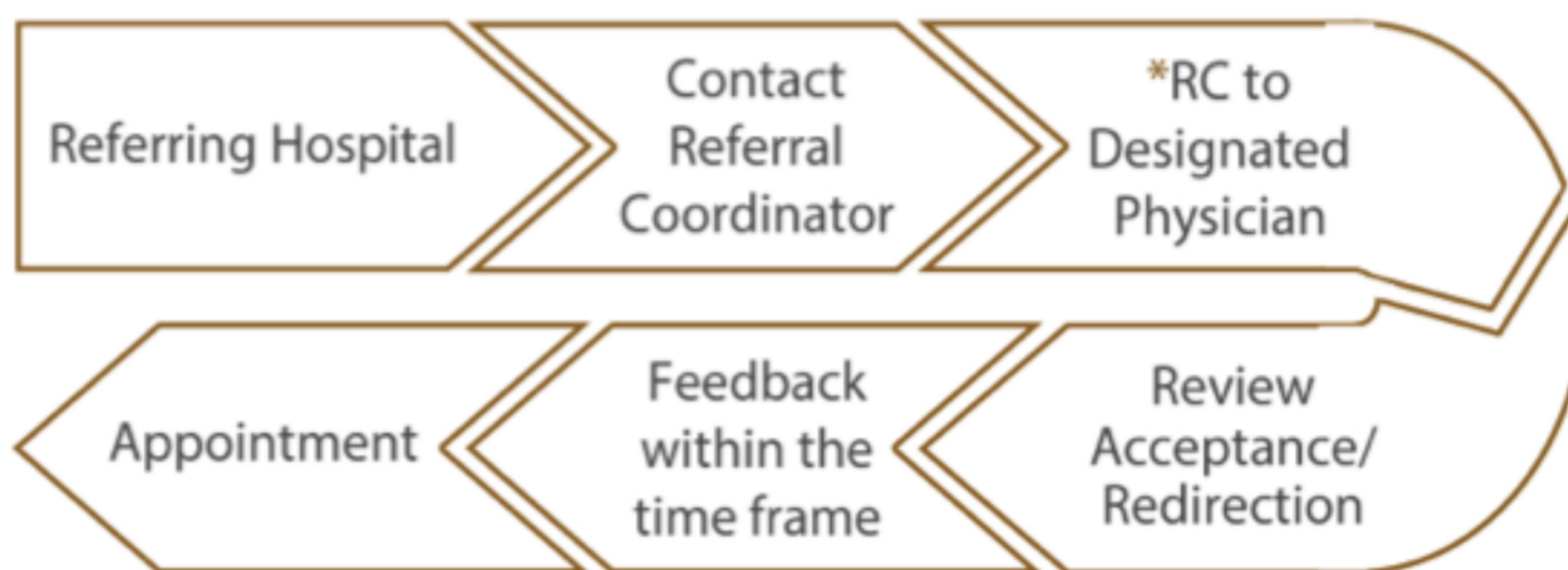
Physician: Signature:

Phone:

Head of Department: Signature:

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Check List for patient before visiting our hospital:

✓ Referral letters from your physician

✓ Copies of the medical records, test results and other documents necessary

✓ Patient demographic information (age, name, gender, nationality, insurance, and contact details)

Referral Process

Referring Hospital → Contact Referral Coordinator → *RC to Designated Physician → Review Acceptance/Redirection → Feedback within the time frame → Appointment

*RC: Referral Coordinator

◊ Referring physician can refer patients on routine, urgency or emergency base.

◊ Before initiation of referral process, referring physician must check:
  ○ The scope of service of SKSH
  ○ Insurance contract status or other financial eligibility criteria

*The scope of service can change without notice. Prior contact with call center or referral coordinator is necessary.

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