



HEALTH MANAGEMENT INFORMATION SYSTEM

HEALTH FACILITY REFERRAL SLIP

DEPARTMENT OF HEALTH PLANNING AND RESEARCH
HEALTH MANAGEMENT INFORMATION SYSTEM (NHMIS) UNIT

**NHMIS/COMM/REF
HEALTH MANAGEMENT
INFORMATION SYSTEM
PRIMARY HEALTH CARE
REFERRAL SLIP**

- 1. NAME OF HEALTH FACILITY
- 2. PATIENT No..... 3. S/No.....
- 4. DATE.....
- 5. NAME OF PATIENT
- 6. AGE..... 7. SEX (M/F)
- 8. ADDRESS
-
- 9. COMPLAINTS
-
- 10. FINDINGS ON EXAMINATION
-
- 11. INVESTIGATION DONE, IF ANY
-
- 12. PROVISIONAL DIAGNOSIS
-
- 13. NAME OF OFFICER
- 14. DESIGNATION 15. SIGNATURE
- 16. DATE.....

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- 16. TO.....

PLEASE KEEP THIS COPY

**NHMIS/COMM/REF
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REFERRAL SLIP**

- 1. NAME OF REFERRING HEALTH FACILITY
- 2. PATIENT No..... 3. S/No.....
- 4. DATE.....
- 5. NAME OF PATIENT
- 6. AGE..... 7. SEX (M/F)
- 8. ADDRESS
-
- 9. MAJOR PROBLEMS IDENTIFIED
-
- 10. INVESTIGATION DONE.....
-
- 11. DIAGNOSIS
- 12. TREATMENT
-
- 13. FOLLOW UP
-
- 14. NAME OF OFFICER.....
- 15. DESIGNATION 16. SIGNATURE

PLEASE DROP THIS COPY IN THE REFERRAL BOX