

PROGRAMME DETAILS

The NUHS GPFirst programme aims to motivate patients with non-emergency conditions to seek medical attention at General Practitioners ("GPs") first instead of going directly to Accident & Emergency Department ("A&E") and/or Urgent Care Centre ("UCC").

NUHS is partnering GP clinics in the western region of Singapore for GPFirst. If the patient is referred to A&E or UCC by the GP, the patient will receive a \$50 discount off the A&E/UCC (as applicable) charges.

PERSONAL & PROFESSIONAL PARTICULARS

Name of GP:

Contact number:

Email address:

MCR Number:

Qualifications: ☐ MBBS ☐ GDFM
Others:

Year of Registration:

CLINIC DETAILS

Clinic name:

Clinic contact number:

Clinic email address:

Clinic fax number:

Clinic address:

Name of clinic assistant:

Operating hours:
Weekdays

Weekends

Public holidays

Please select the following initiatives/programmes your clinic is currently enrolled in:

☐ PCN, please state PCN:

☐ Medisave enabled clinic

☐ CDMP registered clinic

☐ Pandemic preparedness clinic

☐ CHAS registered clinic

Patient profile:

Private _____% Corporate _____% Elderly _____% Adult _____% Children _____%

Average consultation fee:

Other information (other support services available in the clinic):

Acute \$ _____

Chronic \$ _____

TERMS & CONDITIONS

1. This GPFirst Referral Form is applicable only to NUHS Cluster of Institutions which includes but not limited to Ng Teng Fong General Hospital ("NTFGH") and National University Hospital ("NUH") A&E departments, and Alexandra Hospital ("AH") Urgent Care Centre (**excluding NUH Children's Emergency**).
2. Clinic participation in the GPFirst programme is by invitation only.
3. All patient referrals made under the GPFirst programme must be made by the GPFirst referral form provided by NUHS.
4. Participating clinic shall inform patient of the terms and conditions of the referral and treatment at the A&E/UCC (as applicable).
5. **The referral form must be completed with participating clinic stamp, date and time clearly indicated and patient must produce this form at the A&E/UCC (as applicable) together with his/her NRIC / passport / work pass / permit for verification.**
6. The original GPFirst referral form is valid only on the day of issue, and up to 0200 hrs of the following day if the referral form is issued close to midnight (i.e., between 2200 to 0000 hrs). Patients are advised to visit the A&E/UCC (as applicable) without delay.
7. Patient referred through GPFirst will pay the prevailing A&E and/or UCC fee less \$50.
8. Any other specialised investigations required at the A&E/UCC (as applicable) will be separately billed.
9. Clinics shall ensure they keep themselves updated on continuing medical education (CME) including in relation to how to make appropriate referrals to A&E and UCC.
10. NUHS will monitor participating clinics on the types of referral sent through the GPFirst programme. NUHS reserves the right in its sole discretion to exclude participating clinics from this programme if NUHS is of the view that the participating clinic persistently refers inappropriate cases despite NUHS' feedback, or if the participating clinic breaches the terms and conditions of this programme. In such event, if requested by NUHS, the participating clinic shall return to NUHS any un-utilised referral forms and programme materials.
11. NUHS reserves the right to change the terms and conditions of this programme, or terminate/withdraw this programme without prior notice, which shall be deemed effective immediately upon such change or withdrawal and without liability towards participating clinics and the patients.

DECLARATION AND ACCEPTANCE OF TERMS

We declare that the information provided on this form is true and correct. We understand that any inaccurate or false information will render this application invalid and if admitted to this programme on the basis of such information, participating clinic can be withdrawn from this programme with immediate effect.

As a GPFirst participating clinic, we will abide by the terms and conditions, guidelines, and procedures applicable to this programme. NUHS reserves the right at all times in its sole discretion to withdraw any doctor and/or participating clinics from this programme if there is violation(s) of the terms and conditions of this programme or non-compliance with NUHS instructions.

We hereby authorize NUHS to disclose any information pertaining to our participation in GPFirst programme to satisfy any law, regulation, legal process or government requirement/request where government request shall include those coming from Ministry of Health and/or governmental agencies. We also authorise NUHS to share such information as it deems necessary with its affiliated companies/institutions, and to use such information for programme/programme analysis which can be for monitoring, tracking, improvement and evaluation purposes, internal and external communications and any other reasonable uses NUHS in its sole discretion deems fit.

Name of authorised signatory:

For and on behalf of:

Signature of GP

Affix Clinic Stamp

Date