

## COMMUNITY HEALTH ASSIST SCHEME (CHAS) (MEDICAL) REFERRAL FORM

This referral form may be used for:

- (1) CHAS Medical Referrals to Subsidised Specialist Outpatient Clinics (SOCs) at Public Healthcare Institutions.
- (2) Referrals for post-screening follow-up for abnormal Pap/HPV screening test result under Screen For Life (SFL);
- (3) Referrals for post-CDS/Vaccination follow-up under the Vaccination and Childhood Developmental Screening Scheme (VCDSS); and
- (4) Referrals for Breast Cancer Screening and GP-to-GP Referral for Cervical Cancer Screening under SFL and Healthier SG (HSG)

Please see details below on the appropriate use of the CHAS (MEDICAL) Referral Form for each purpose.

### **(1) CHAS Medical Referrals to Subsidised Specialist Outpatient Clinics (SOCs) at Public Healthcare Institutions**

#### **Phone Calls**

In general, phone calls to arrange first appointments are allowed at the Specialist Outpatient Clinics (SOCs) except where otherwise indicated in the table below. Either the referring CHAS GP clinic or the patient can call to arrange for an appointment through the central appointment line of the SOC, and it should be highlighted during the phone call that it is a CHAS referral.

The CHAS Referral Form and any additional document(s) containing important information pertaining to the referral need to be given to the patient. The patient must bring these documents for their SOC appointment, failing which he/she may be registered as a private patient.

If the patient does not have the CHAS Referral Form on the day of appointment, the SOC may contact the referring CHAS GP for assistance to send it to the SOC by fax (or email).

#### **Faxes**

Faxed referrals are generally accepted by the SOC. After SOC has assessed and accepted the referrals, the contact centre staff will contact the referring clinic/patient to confirm details of the appointment.

**Table 1: PHI Referral Details**

Medical Institution	Additional Details for Referral	Tel No.	Fax No.
Alexandra Hospital (AH)	Phone calls to arrange first appointments are <b>allowed</b> . CHAS Referral Forms should be emailed to <b><a href="mailto:appointment@nuhs.edu.sg">appointment@nuhs.edu.sg</a></b>	6908 2222	-
Changi General Hospital (CGH)	Phone calls to arrange first appointments are <b>allowed</b> . CHAS Referral Forms can also be emailed to <b><a href="mailto:Appt_centre@cgh.com.sg">Appt_centre@cgh.com.sg</a></b> .	6850 3333	6936 5007
Institute of Mental Health (IMH)	Phone calls to arrange first appointments are <b>not allowed</b> .  CHAS Referral Forms are to be emailed to <b><a href="mailto:imh_appt_triage@imh.com.sg">imh_appt_triage@imh.com.sg</a></b>  Please provide the provisional diagnosis, brief summary of symptoms, description of stressor(s) and/or current and historical risk issue/assessment.	6389 2200	-
Jurong Medical Centre (JMC)	Phone calls to arrange first appointments are <b>allowed</b> .  CHAS Referral Forms can also be emailed to <b><a href="mailto:appointment@nuhs.edu.sg">appointment@nuhs.edu.sg</a></b>	6908 2222	-

KK Women's and Children's Hospital (KKH)	<p>Phone calls to arrange first appointments are <b>allowed</b>.</p> <p>As the call centre may experience high volume of calls, CHAS Referral Forms can also be faxed/emailed to <b>centralappt@kkh.com.sg</b>.</p>	6692 2984	6692 2988
--	---	-----------	-----------

Medical Institution	Additional Details for Referral	Tel No.	Fax No.
Khoo Teck Puat Hospital (KTPH)	<p>Phone calls to arrange first appointments are <b>allowed</b>, with the following exceptions:</p> <ul style="list-style-type: none"> <li>• Renal department</li> <li>• Endocrinology</li> </ul>	6555 8828	6602 3777
National Cancer Centre Singapore (NCCS)	<p>Phone calls to arrange first appointments are <b>allowed</b>.</p> <p>Please provide the suspected diagnosis and/or proposed treatment of the patient so that NCCS can ensure correct sub-specialty placement of the patient.</p>	6436 8288	6324 3548
National Heart Centre (NHC)	<p>Phone calls to arrange first appointments are <b>allowed</b>.</p>	6704 2000	6222 9258
National Neuroscience Institute (NNI)	<p>Phone calls to arrange first appointments are <b>not allowed</b>.</p> <p>CHAS Referral Forms should be faxed/emailed to NNI. NNI accepts phone booking of appointments for subsequent visits.</p>	6330 6363	6357 7103
National Skin Centre (NSC)	<p>Phone calls to arrange first appointments are <b>allowed</b>.</p> <p>The call centre is operational between Mondays to Fridays, 8am - 5pm.</p> <p>As the call centre may experience high volume of calls, CHAS Referral Forms can also be emailed to <b>referral@nsc.com.sg</b>.</p>	6350 6666	-
National University Hospital (NUH)	<p>Phone calls to arrange first appointments are <b>not allowed</b>.</p> <p>CHAS referral form should be emailed/faxed to <b>gp@nuhs.edu.sg</b></p>	6772 2000	6777 8065
Ng Teng Fong General Hospital (NTFGH)	<p>Phone calls to arrange first appointments are <b>allowed</b>.</p> <p>CHAS Referral Forms can also be emailed to <b>appointment@nuhs.edu.sg</b></p>	6716 2323	-
Sengkang General Hospital (SKH)	<p>Phone calls to arrange first appointments are <b>not allowed</b>.</p> <p>Please email the CHAS Referral Form and any additional supporting documents to SKH (<b>gp@skh.com.sg</b>) for first-time referrals. SKH may contact the clinic via email for further clarification. Referrals through faxes are <b>not allowed</b>.</p> <p>Please provide the suspected diagnosis so that SKH can ensure correct sub-specialty placement of patient if applicable.</p>	6930 6010	-

Singapore General Hospital (SGH)	<p>Phone calls from to arrange first appointments are <b>allowed</b>. GPs to call for appointment booking.</p> <p>For patients, to advise to call through Call Centre at 63214377</p> <p>CHAS Referral Forms can also be emailed to <a href="mailto:gpnetwork@sgh.com.sg">gpnetwork@sgh.com.sg</a></p>	6326 6060	6223 6094
Singapore National Eye Centre (SNEC)	<p>Phone calls to arrange first appointments are <b>allowed</b>.</p> <p>CHAS Referral Forms can also be emailed to <a href="mailto:appointments@sneec.com.sg">appointments@sneec.com.sg</a></p> <p>Please provide the following information for appointment booking:</p> <ol style="list-style-type: none"> <li>1. Name of the referring CHAS clinic</li> <li>2. Doctor's name and doctor MCR no.</li> <li>3. <b>Diagnosis (diabetic or non-diabetic)</b></li> </ol> <p><b>[Important]</b></p> <ol style="list-style-type: none"> <li>4. Full patient's particulars</li> </ol>	6227 7266	6226 1884

Medical Institution	Additional Details for Referral	Tel No.	Fax No.
Tan Tock Seng Hospital (TTSH)	<p>Phone calls to arrange first appointments are <b>not allowed</b>.</p> <p>Please <b>email</b> the CHAS Referral Form and any additional supporting documents to <a href="mailto:referrals@ttsh.com.sg">referrals@ttsh.com.sg</a></p> <p>Patients must also bring along their NRIC and CHAS/PG/MG/PA cards for their SOC appointments.</p> <p>To arrange a follow-up appointment for subsequent visits, please call 63577000.</p>	6357 7000	6357 7001
Woodlands Health	<p>CHAS referral form, clinic should attach the patient's memo (if more details to be shared by clinic) for triaging purposes at WH.</p> <p>Electronic referrals via Form SG (<a href="https://for.sg/gpsocreferrals">https://for.sg/gpsocreferrals</a>)</p> <p>Email for appointment: <a href="mailto:appt@wh.com.sg">appt@wh.com.sg</a></p>	63633131	6361980

## 2) Referrals for post-screening follow up for abnormal Pap/HPV screening test result under Screen For Life (SFL)

Non-CHAS cardholders are eligible for subsidised referrals to public hospital SOCs under the Screen for Life (SFL) programme for follow up for abnormal Pap/HPV screening test results. Please refer to MOH FCM No. 37/2017 for details on the referral eligibility criteria.

**Table 2: Screen for Life Cervical Cancer Screening Assessment Centres**

Medical Institution	Additional Details for Referral
KK Women's and Children's Hospital (KKH)	Please email: <a href="mailto:centralappt@kkh.com.sg">centralappt@kkh.com.sg</a> , or call: 6294 4050
National University Hospital (NUH)	Please email: <a href="mailto:gp@nuhs.edu.sg">gp@nuhs.edu.sg</a> , or call: 6772 2002 (NUH-Gynae) or 69082222 (NUH Appointment)
Singapore General Hospital (SGH)	Please call: 6321 4377

## (3) Referrals for post-CDS/Vaccination follow-up under the Vaccination and Childhood Developmental Screening Scheme (VCDSS)

Non-CHAS cardholders are eligible for subsidised referrals to public hospital SOCs under the Vaccination and Childhood Developmental Screening Scheme (VCDSS). Please refer to MOH FCM No. 55/2020 for details on the referral eligibility criteria.

## (4) Referrals for Mammograms and Cervical Cancer Screening

Under Healthier SG, enrolled Singapore Citizens may be eligible for fully subsidised nationally recommended screenings.

Two referral pathways have been put in place to support this:

1. **Referrals to SFL breast cancer screening centres for mammography:** Enrolled Singapore Citizens may be eligible for fully subsidised mammograms if they are referred by their enrolled HSG GP. Breast cancer screening can be done at any one of the SFL breast cancer screening centres (see **Table 3** below or refer to [ScreenforLife.gov.sg](http://ScreenforLife.gov.sg)). Patient should make an appointment with the screening centre before visiting and bring the completed referral form during their visit.

2. **Referrals to other CHAS GPs for Pap/HPV test for cervical cancer screening:**

Subsidised Pap tests and HPV DNA tests are already available under SFL at CHAS GP clinics and patients should be encouraged to follow up with their enrolled HSG GP where possible.

However, should the patient prefer to undertake the cervical cancer screening at a clinic other than their enrolled HSG GP (e.g., if the patient prefers the screening to be done by a female healthcare professional and this is unavailable at the enrolled HSG GP), HSG GPs may arrange for the patient to be referred to another CHAS GP that is able to offer the cervical cancer screening.

In such instances, enrolling GPs should issue a referral form to the swabbing GP to ensure that the patient receives the full subsidies (i.e., zero co-payment). GPs should not refer to polyclinics as the patient will not be eligible for fully subsidised cervical cancer screening there.

Please be reminded that SFL subsidies and Healthier SG enrolment benefits only apply if the screenings are conducted in line with the relevant Screen for Life eligibility criteria for the patient (see **Table 4** below or [ScreenforLife.gov.sg](http://ScreenforLife.gov.sg)).

For further details on the appropriate follow up for HSG-enrolled patients in the case of normal and abnormal results, please refer to the [Preventive Care Protocol for Cancer Screening](#). For further details on financing, please refer to the CHAS Agreement.

**Table 3: SFL's Breast Cancer Screening Centres (Information accurate as of March 2024)**

**1. National Healthcare Group Diagnostics (NHGD)**

**Tel: 6275 6443 (6-ASK-NHGD), weblink (<https://for.sg/nhgd-mmgappt>) or scan the QR code for the latest list of screening centres**

- Ang Mo Kio Polyclinic
- Hougang Polyclinic
- Kallang Polyclinic

- Khatib Polyclinic
- Sembawang Polyclinic
- Toa Payoh Polyclinic
- Woodlands Polyclinic
- Yishun Polyclinic



**2. National University Health System Diagnostics (NUHS D)**

**Tel: 6370 6556, weblink (<https://form.gov.sg/#!/6201c1c93bc12500135730b3>) or scan the QR code for the latest list of screening centres**

- Bukit Batok Polyclinic
- Bukit Panjang Polyclinic

- Clementi Polyclinic
- Pioneer Polyclinic



**3. SingHealth Polyclinics (SHP)**

**Tel: 6536 6000, weblink (<https://form.gov.sg/5f50934b1e0c6e0011fad28e>) or scan the QR code for the latest list of screening centres**

- Bedok Polyclinic
- Eunus Polyclinic
- Outram Polyclinic

- Punggol Polyclinic
- Sengkang Polyclinic
- Tampines Polyclinic
- Tampines North Polyclinic



**4. Singapore Cancer Society**

(for eligible women aged 50 years and above with a valid CHAS Blue or Orange card)  
Tel: 1800 727 3333

**Table 4: STRC recommended screening tests for breast cancer and cervical cancer in the general population where SFL subsidies apply.**

	Eligible population	Screening Method	Age Range	Frequency
<b>Breast Cancer</b>	Asymptomatic 50–69-year-old women <i>(Note: Those aged 40-49 years old and those above 69 years old may be offered screening under SFL based on their risk profile<sup>^</sup>. To avail SFL subsidies, please see further details at <a href="#">Screen for Life - National Health Screening Programme (healthhub.sg)</a>)</i>	Mammogram	50–69 years old	Every 2 years (Women aged 40-49 years old, may be offered annual screening based on risk-benefit assessment.)
<b>Cervical Cancer</b>	Any female who ever had sexual intercourse	Pap test	25–29 years old	Every 3 years
		HPV DNA test	30years and above	Every 5 years

<sup>^</sup> For women who are 40-49 years old and > 69 years old, a discussion on risks and benefits of breast cancer screening should be conducted as part of the Health Plan and a recommendation made for the individual patient to proceed (or not proceed) with mammography based on this discussion.

## COMMUNITY HEALTH ASSIST SCHEME (CHAS) (MEDICAL) REFERRAL FORM



PART I: PATIENT INFORMATION			
<b>Name</b>		<b>Gender#</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>NRIC / FIN No.</b>		<b>Race#</b>	
<b>Date of Birth#</b>		<b>Contact No.</b>	
<b>Email#</b>			
<b>Address#</b>			
<b>Card Type</b> <i>(Select all that are applicable)</i>	<input type="checkbox"/> MG <input type="checkbox"/> PG <input type="checkbox"/> PA <input type="checkbox"/> CHAS – Blue <input type="checkbox"/> CHAS – Orange <input type="checkbox"/> CHAS – Green <input type="checkbox"/> None of the above		
<b>Healthier SG (HSG) Enrolment Status</b>	<input type="checkbox"/> Enrolled <input type="checkbox"/> Not enrolled		
<b>Named patient is enrolled to my clinic</b> <i>(If applicable)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PART II: REFERRAL INFORMATION			
<b>Date of Referral</b>			
<b>Type of Referral</b>	<input type="checkbox"/> Subsidised SOC (Fast-track) <input type="checkbox"/> Subsidised SOC (Routine) <input type="checkbox"/> Cervical Cancer Screening (SFL) <input type="checkbox"/> Breast Cancer Screening (SFL) <i>Note: Fast-track referrals should only be requested where more urgent review by the specialist is needed.</i>		
<b>Reasons for Fast-track referral</b> <i>(if applicable)</i>			
<b>Referred Institution or Provider (e.g. GP)</b>	<i>(Note: Referrals to another CHAS GP using this form is only for applicable for cervical cancer screenings)</i>		
<b>Specialty / Service</b>			
<b>Is this referral related to a CHAS / SFL / VCDSS visit?</b> <i>(Select all that are applicable)</i>	<input type="checkbox"/> CHAS <input type="checkbox"/> SFL Screening <input type="checkbox"/> SFL Follow-Up <input type="checkbox"/> VCDSS Follow-up <input type="checkbox"/> None of the above		
<b>Diagnosis#</b>			
<b>Reasons for Referral</b>			
<b>Treatment / Management already provided by GP</b>			
<b>Medical History</b>			
<b>Drug Allergies</b>			

*To note: A complete referral form consists of pages 1 & 2 to be issued as one document.*

PART III: CLINIC INFORMATION		
Clinic Name		
Clinic HCI Code		
Clinic Service License Number	<i>Mandatory field from Jun 2023, when HCSA comes into effect</i>	
Doctor's Name		
MCR No.		
Clinic Address		
Clinic Contact No.		
Clinic Email		
Clinic Type	<input type="checkbox"/> CHAS-only <input type="checkbox"/> CHAS and HSG	
PART IV: DOCTOR'S ACKNOWLEDGEMENT		
<p>A. My clinic is a CHAS clinic.</p> <p>B. I understand that with this subsidised referral, my patient would be assigned to the care of any specialist/doctor at the Referred Institution or Provider.</p> <p>C. I understand that my patient would be discharged back to my care/my clinic by the Referred Institution or Provider.</p> <p>D. I understand that <b>non-CHAS cardholders</b> are only eligible for subsidised SOC referral if referrals are made in line with the eligibility criteria and referral guidelines for Screen for Life (SFL) and Vaccination and Childhood Developmental Screening subsidy scheme.</p> <p>E. I understand that only <b>HSG patients enrolled to my clinic</b> and referred using this form to (a) another CHAS GP for cervical cancer screening or (b) a SFL breast cancer screening centre will receive fully-subsidised screening.</p>		
_____	_____	_____
Name & Signature of Practitioner	MCR No.	Date and Time

*# Optional fields. You may be contacted by the Referred Institution or Provider for verification if the remaining mandatory fields are not populated.*

**Please remind patients to bring this referral form with their CHAS/PG/MG/PA card & NRIC for verification during their appointment.**