

## CLINIC SIGN-UP FORM:

A GP AND CGH-A&E COLLABORATIVE PROGRAMME

Version: 05032021

### PROGRAMME DETAILS

OBJECTIVE:

To partner GPs in the private sector in providing right-siting of care for mild and moderate conditions within the eastern region of Singapore.

PROGRAMME BENEFITS:

A patient who visits a Participating Clinic of **GPFIRST** for a condition(s) that may require a referral to Changi General Hospital A&E Department ("CGH A&E"), will be given priority when referred through this Programme and pays an amount lesser than the prevailing CGH A&E attendance fee.

### PERSONAL & PROFESSIONAL PARTICULARS

Name of GP: Dr \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email Address: \_\_\_\_\_ MCR No: \_\_\_\_\_

Year of Registration: \_\_\_\_\_ Qualifications:  MBBS  GDFM Others: \_\_\_\_\_

### CLINIC'S DETAILS:

Clinic Name: \_\_\_\_\_

Clinic Add: \_\_\_\_\_  
\_\_\_\_\_

Clinic Tel: \_\_\_\_\_ Clinic Fax: \_\_\_\_\_

Name of Clinic Assistant: \_\_\_\_\_

Preferred Mode of Contact:  Mobile SMS  Clinic Tel  
 Email  Fax

**Operating Hours:**

(Weekdays) \_\_\_\_\_

(Weekends) \_\_\_\_\_ (Public Holidays): \_\_\_\_\_

**Attach Clinic / Doctor's Name Card**

*Please fill in the respective details required if they are not reflected in this card. Thank you!*

**Please tick accordingly if your clinic participates in the initiatives/programmes below:**

CGH A&E "Clinics Nearby"  Medisave Enabled Clinic  CDMP Registered Clinic  
 CHAS Registered Clinic  Pandemic Preparedness Clinic  GP Chronic Care Programme

**Patient Profile:** (1) Private \_\_\_\_\_% Corporate \_\_\_\_\_% (2) Elderly \_\_\_\_\_% Adult \_\_\_\_\_% Children \_\_\_\_\_%

**Type of Conditions:** Chronic \_\_\_\_\_% Acute \_\_\_\_\_% **Average Consultation Fee:** \$ \_\_\_\_\_

**Other Information** (other support services available in the clinic i.e. lab/diagnostic) : \_\_\_\_\_

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### TERMS & CONDITIONS

1. CGH will be managing the Programme partnership with the signed-up Clinic.
2. All referrals of patients through this Programme ("Patients") must be made via the original and serialized **GPFIRST** Referral Form ("Original Referral Form") provided by CGH.
3. Only Original Referral Forms issued by CGH are valid. Participating clinic shall inform Patient of the terms and conditions of referral and treatment at CGH A&E, in particular items 5-9 and 12 below before the referral is made.
4. The Original Referral Form must be duly completed with the participating clinic's stamp, with date and time clearly indicated and the Patient must produce this at CGH A&E together with his/her NRIC / Passport / Work Passes / Permits for verification.
5. The original referral form is only valid on the day of issue, and up to 0200hrs of the following day if the referral form is issued close to midnight.
6. Patient will pay the prevailing CGH A&E Fee less \$50 if the Patient is referred through this Programme.
7. Specialized investigations required at CGH A&E will be separately charged.
8. CGH A&E supports Participating clinics with aids/guides which includes CGH A&E 24/7 Consultant Hotline as shown in Annex A.
9. Participating Clinics shall ensure they keep themselves updated on continuing medical education (CME) including in relation to how to make appropriate referrals to A&E.
10. CGH will monitor participating clinics on the types of referral sent through **GPFIRST** Programme. CGH reserves the right in its sole discretion to exclude participating clinics from this Programme if CGH is of the view that the participating clinic persistently refers inappropriate cases despite CGH feedback, or breach the terms and conditions of this Programme. In such event, if requested by CGH, participating clinic shall return to CGH any un-utilized referral forms and programme materials.
11. CGH 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. I 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. CGH 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 CGH instructions.

We hereby authorize CGH 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 authorize CGH to share such information as it deems necessary with its affiliated companies, and to use such information for programme analysis which can be for monitoring, tracking, improvement and evaluation purposes, internal and external communications and any other reasonable uses CGH in its sole discretion deems fit.

**Name of authorized signatory:**

**For and on behalf of:**

\_\_\_\_\_  
Signature of GP

\_\_\_\_\_  
Affix Clinic Stamp

\_\_\_\_\_  
Date



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### ANNEX A

### CGH A&E HOTLINES & SUPPORT - FOR GPS/CLINICS ONLY

- **ED Consultant Hotline: Tel: 68501551 / 68501552**  
Operates 24/7 – for the management of acute cases
- **A&E Coordinator Hotline: Tel: 81211069**  
Operates Mon-Fri Office Hours - for queries from GPs
- **Mobile Application:**
  - Provides clinical decision rules / calculators
  - Allows GP to provide feedback on use of mobile app

### SAMPLE CGH A&E EXCLUSION CRITERIA

1. Orthopaedic / Musculoskeletal Conditions:
  - Simple Lacerations <5cm for T&S
  - Simple Bruising / Abrasions
  - Closed Fractures of Distal Phalanx of Lower Limbs
2. Uncomplicated Hypertension.
3. Uncomplicated Chikungunya Fever/Serology for Chikungunya Fever
4. Back Pain with NO Red Flags
5. Headache with NO Red Flags
6. Dizziness with NO Red Flags
7. Dengue with NO indication for admission.
8. Adults & Pediatric Head Injury with NO indication for CT Head.
9. Cervical Spine Injury with NO indication for Radiography (i.e. NEGATIVE to BOTH NEXUS AND CCR)
10. Ankle/Knee Injuries with Negative Ottawa Rules = No Fracture
11. Uncomplicated Poorly Controlled DM (RBS < 20mmol/L)
12. Pulmonary Embolism with negative Well's AND PERC Scores
13. For Fast Tracking Referrals
14. For Specialised Radiology Investigations (e.g. MRI)
15. For Specialised Laboratory Investigations (other than FBC, UE, LFT, Dengue)

**Please note that the above “sample CGH A&E Exclusion Criteria” is not the exhaustive.**