

 SHRI VATS AYURVEDIC CHIKITSALAYA 640/ C, Chirag Delhi, New Delhi-110017	Quality Operating Process	Document No : SVAC/15
	Operating Protocol Referral Policy Management Policy	Date of Issue : 28/Feb/2021 Issue No. : SVAC/15 Date of Revision: 28/Feb/2022 Revision No. :

Service Name :	Referral Policy Management
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Approved By :	Dr Pushkar Sharma
Responsibility of Updating :	Ashu

Shri Vats Ayurvedic Chikitsalaya
640/C, Chirag Delhi
New Delhi-110017

AMENDMENT SHEET

[illegible]

1. It should involve the transfer of a patient to another hospital for management in specific or emergency condition.
2. Transfer of patient should be done under the direction of the treating doctor or on patient's request.
3. In case of an emergency (Difficulty breathing/Fainting/Chest pain or pressure/Uncontrolled bleeding/Coughing or vomiting blood/ Poisoning/Major injuries, such as broken bones/Sudden facial drooping /fall/breathlessness/chest pain/heavy bleeding/unconsciousness) anyone who is close to the patient (therapist/hospital employee/ bystander) should inform to the doctor. Immediately first aid should be done and the transport should be arranged for the transferring the patients to the any higher center near by with patient will or govt hospital.
4. Transfer should be done with the consent of the patient or relative/by stander. In case of emergency if patient is not conscious and in the absence of relative/bystander, the transfer decision should be made by the medical team or management. The transfer message should be passed to relative of the patient as soon as possible.
5. The patient/relative should be informed at the earliest opportunity of the need for a transfer with explanation of purpose of the transfer.
6. The mode of transport if by road, Car or Ambulance service with whom MOU has been made should be arranged. The ambulance registration number, the contact number of the number of the driver, the hospital to which the patient is being taken should all be noted.
7. The patient should be accompanied by one doctor/ therapist/ staff if required.
8. In emergencies (not pertaining to patient's request) a proper communication should be made to the hospital where we transfer the patient regarding the patient's condition.
9. The patient should be given Referring Letter to handover to the concerned department in the hospital where the patient is going.
10. The referral sheet should be incorporated into case file and should be completed by the medical officer responsible for the patient care at the time of transfer.
11. Documentation of the patient transfer should be maintained.

- Ambulance Registration Number: **IN-DL52814427964678T**
- Contact Details for Ambulance service : **9990008911**

Referral Form

Date :

Name of referring professional :

Speciality and medical system of referring professional :

Qualification of referring professional :

Institution or clinic to which patient is referred :

Dear Dr/Sir/Madam,

Patient's Name : Age.....Sex.....

Intimation Forward :

Notifiable Disease :

Clinical symptoms and sign :

.....

Past History :

Medical History :

Vitals :

Test report to support diagnosis:

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Probable diagnosis :

Current treatment :

Yours Sincerely,

Signature and Stamp of referring doctor

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