



# राज्य स्वास्थ्य प्राधिकरण आयुष्मान भारत योजना



(Name of Referring Primary Health Centre with Address etc.)

\_\_\_\_\_

OPD/Referral Slip Number \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

A	1.	Name Of Patient	
	2.	Golden Card Number	
	3.	Mobile Number of Patient	
	4.	Age	_____ years
	5.	Sex	Male / Female
	6.	Address of Patient (with district)	
B	PROVISIONAL DIAGNOSIS (Based on the complaints of the patient and his/her condition)		
C	Whether the referring PHC is empanelled under AAUY for the speciality diagnosed in (B) above? Write Yes/No		
	If yes, reason for referral		
D	Name of Referred Government Hospital with address and district (SDH/DH/Govt. Medical College/AIIMS, Rishikesh)		
E	For Referring Medical Officer: I have read AAUY Instructions Circular No. _____ Dated _____ and referral is being issued under it		
	<div>Seal of Medical Officer/Hospital</div>		Signature _____ Name _____ Designation _____ MCI Registration No. _____ Mobile Number of Doctor _____