



**राष्ट्रीय प्रौद्योगिकी संस्थान गोवा**  
**NATIONAL INSTITUTE OF TECHNOLOGY GOA**  
कुनकोलिम, जिला दक्षिण गोवा, गोवा, पिन-४०३७०३  
**Cuncolim, South Goa District, Goa, Pin-403703**  
**सुश्रुता स्वास्थ्य केंद्र / SUSHRUTA HEALTH CENTER**

[Email-medicalofficer@nitgoa.ac.in](mailto:Email-medicalofficer@nitgoa.ac.in)

**Emergency Referral Slip**

Name of the Referral facility: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of the Patient: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Father/Husband's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

Referred on \_\_\_\_\_ (DD/MM/YYYY) at \_\_\_\_\_ (time)

to \_\_\_\_\_ (name of facility ) for management.

**Provisional Diagnosis:**

He/ She visited the Health Center (NIT Goa) on \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY) at \_\_\_\_\_ (time) with chief complaints of:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Summary of Management (Procedure, critical Intervention, Drug given for Management):**

- Investigations
- Blood group
- HB
- Urine R/E:
- Others

**Condition at the time of Referral:**

Consciousness: \_\_\_\_\_ Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_

BP: \_\_\_\_\_

Others(specify): \_\_\_\_\_

Information of the referral provided to the Institution/Facility Sent to: Yes/No

If yes, then name of the person spoken to: \_\_\_\_\_

Mode of transport of Referral: Govt./PPP/Vehicle arranged: \_\_\_\_\_

Signature of Referring Person/Health Functionary

(Name/Designation/Stamp)