



NATIONAL HOSPITAL INSURANCE FUND

P.O. BOX 30443 - 00100, NAIROBI

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REFERRAL FORM FOR PET CT-SCAN AT H.H. AGHA KHAN UNIVERSITY HOSPITAL

PART A: PATIENT PARTICULARS (To be completed by the Principal member)

Name of the Principal Member:		NHIF No:	ID No/Passport No:
County of origin:		Gender: (F/M)	Age:
Email address:			Tel. No:
Name of the Patient:	Patient ID NO:	Relationship of the Principal Member: (Self/Spouse/Dependant)	
Employer (where applicable)			
<p>I certify that the above information is correct and give specific consent for selected oncology service(s) to be done. I undertake to pay any monies not catered for by my medical scheme, subject to scheme rules and necessity of the prescribed services. I understand that it is an offence to knowingly make any false statement for purposes of obtaining any benefit under NHIF Act.</p>			
Signature: _____		Date: _____	

Part B: Details of the illness and planned management (To be filled by referring oncologist /radio-oncologist)

Diagnosis:	Staging:
Metastases: Lung <input type="checkbox"/> Brain <input type="checkbox"/> Bone <input type="checkbox"/> Liver <input type="checkbox"/> Other <input type="checkbox"/>	
How long have you treated/managed the patient?	
Reason for PET scan Diagnostic <input type="checkbox"/> Assessment after treatment <input type="checkbox"/> Recurrence <input type="checkbox"/> Other <input type="checkbox"/> Specify _____	

Prior treatment plans accessed (Indicate all treatment specifying if surgery, chemotherapy, radiotherapy or any other treatment given)

UNDERTAKING BY ONCOLOGIST / RADIO-ONCOLOGIST

I certify that the above request(s) are medically necessary in the care of this patient. All the above particulars furnished are true/correct. The Member has signed the undertaking before me.

Name:

KMDPB Reg. No:

Signature:

Date:

Hospital Stamp

PART C: TO BE FILLED BY THE DIRECTOR OF MEDICAL SERVICES

Approval is hereby given for..... who has been referred for a PET

CT Scan by Dr./Prof:

Signature:

Date.....

Name:

Director General for Health.

Official Stamp of the Ministry of Health