

MEDICAL REFERRAL FORM

REFERRAL ID: RT-1705301035893

PATIENT INFORMATION			
FULL NAME	Policy holder	SUBSCRIPTION	GHANA BIMA PERSONAL ACCIDENT L6
AGE	30	GENDER	MALE
PHONE NUMBER	0271926339	DATE AND TIME OF REFERRAL	2024-01-15
FACILITY REFERRED TO	Westside Clinic		

REFERRING MEDICAL HISTORY	
PRESENTING COMPLAINT	Acute Minor Ailments: Fever, Skin problems, Other aches and pains Chronic Conditions: Musculoskeletal conditions Query Infectious Diseases: Dengue, Typhoid Fever Other Conditions: Nutrition counselling Description: Please take care
LABORATORY TESTS DONE	
REFERRING DIAGNOSIS	GASTROESOPHAGEAL REFLUX DISEASE (GERD)
TREATMENT GIVEN	
REASON FOR REFERRAL	The Patient needs to take advice from specialist
ADDITIONAL COMMENTS	,

REFERRED BY	
REFERRING PRACTITIONER	Nithin Shankaregowda
DESIGNATION	