THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEATH, COMMUNITY
DEVELOPMENT,GENDER,ELDERLY AND CHILDREN

SEKOU - TOURE REGIONAL REFERRAL HOSPITAL
P.O.BOX 132 MWANZA, TEL: 028 40242 / 3

PATIENT REFFERRAL FORM

Hospital Reg. Number: 225913.
Surname: GEMBE
First name: MIRIAM
Middle name:
Age: 26
Sex:
Religion: CHRISTI
Ward/Unit:
Tribe: SUKUMA
Next of Kin: Martha Gembe
Relationship: Mother
Phone Contact: 0787 484550
Physical Address: Buswelu.

Referral Serial No. .... Medical Diagnosis: foreign body
Date of Admission: 9/2/2022. Date of Referral: 9/2/2022 Time: 10:15

Referral to	BMC
Present chief Complaints.	foreign body sensation Throat pain
Patient's History	hx of gradual onset of throat pain foll. fish bone ingestion 8 hrs
Physical Examination	Stable.
Provisional/Final Diagnosis	foreign body
Investigations	Xray (neck).
Treatment given prior referral	Ibuprofen 400mg tid, 3/7
Reason (s) for referral	further mgt (foreign body removal).

Vital signs prior referral

BP	PR	RR	SPO_2	TEMP	RBG	GCS/AVPU(Alert,Verbal response,Pain response,Unresponsive)	TIME
106/56	70	18	19	37.6	5.6	15/15	

Referral Personnel: Samira .... Designation .... Signature .... Time: 10:17 Stump........
Escorting Personnel .... Designation .... Signature .... Time........
.... Designation .... Signature .... Time........

SEKOU TOURE REGIONAL HOSPITAL P.O. BOX MWANZA Referral Note SIGN ____ Date

.... returned to the referring health facility