BMC 280283

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...225839/2022
Surname...STEPHANO
First name...ESTHER Middle name...MATHIAS
Age...3 Sex...F
Religion...CHRISTIAN Ward/Unit...RCH
Tribe...SUKUMA
Next of Kin...MATHIAS STEPHANO
Relationship...BIOLOGICAL FATHER
Phone Contact...0758 550899
Physical Address...KISESA

Date of Admission..... Referral Serial No. ..... Medical Diagnosis...STUCK COIN GIT (UPPER)

Referral to...BMC Date of Referral...09.02.2022 Time...15:23HRS

Present chief Complaints. Painful Swallowing & Disability to swallow solid foods 3/7

Patient's History as above

Physical Examination GC Alert, afebrile, not dyspnoeic

Provisional/Final Diagnosis STUCK COIN UPPER GIT

Investigations NONE

Treatment given prior referral NONE

Reason (s) for referral EXPERT MANAGEMENT

Vital signs prior referral ~~EXPERT MANAGEMENT~~

BP	PR	RR	SPO_2	TEMP	RBG	GCS/AVPU(Alert,Verbal response,Pain response,Unresponsive)	TIME
-	88	20	98	37	46mmol/L		15:23HRS

Referral Personnel...VICTORIA SITTA...Designation...CO...Signature...VS...Time...15:23 HS...Stump...

SEKOU TOURE REGIONAL REFERRAL HOSPITAL MWANZA

Escorting Personnel.....Designation.....Signature.....Time.....

Receiving Personnel.....Designation.....Signature.....Time.....

NOTE: One copy of referral form should be returned to the referring health facility

Feedback leaf let

Name of the Hospital..... Department.....

Patient Full Name..... Referral serial No. .....

Referral Diagnosis..... Confirmed Diagnosis.....

Comments.....

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Name of the Dr./Staff..... Designation.....Signature/Stamp.....

Nursing Service Form Vesion 1