

BMC/ETHUS # 250448

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



KITETE REGIONAL REFERRAL HOSPITAL
P.O BOX 22 - TABORA

REFERRAL FORM

Medical Reg. Number 01-62241
Surname (In Capital) MALONKA
First name MALEDE Middle name
Tribe SUKUMA
Physical address YUMBO
Phone Contact 0785153293 Date of
Birth 70 years Sex M
Religion CHRISTIAN Ward / Unit 4
Next of Kin DAMASI Relationship SON
Phone Contact 0785153293

Date of admission 9/2/2022
Referral to BMC (Bugando medical Centre) Date of Referral 10/2/2022 Time 12:00PM.
Presenting (chief) complaints (important elements) Patient comes with chief complain of difficult
to pass urine x 3 years. Passing loose stool mixed fluids x 1/12
Patient's History (important elements) Patient presented with hx of difficult to pass urine for
3 years which started gradually, increase in severity with time, with hx of straining and dribbling
Physical Examination (important elements) Inspected, Conscious, Mild Pale; Cyanotic, Dehydrated, Dyspnoic
Lower limb edema (Grade I), Oral Thrush.
Provisional / Final Diagnosis BPH (Benign Prostatic hyperplasia), D.Dx: Prostate Ca, Urethral-
Rectal Fistula @ AKI not
Laboratory Investigations / Radiology Results MRDT - non reactive, RBC = 9-10mm/L
Treatment given prior transfer 1v. Furosemide 20mg stat, IV Ceftriaxone 1g bid x 3d
1v Metronidazole 500mg tds x 3d, IV RL → NS-2L
Reason (s) for referral For Further investigation Cystoscopy and biopsy

Vital Signs Prior Transfer

BP	PR	RR	SPO2	TEMP	RBG	GCS / AVPU (Alert, Verbal response, Pain response, Unresponsive)	Time
100/60	18	80	99	36.4°C	9-9	Intact	12:14p

Referring Doctor JUMA A. MANYANDA Signature Time 12:30PM
Escorting Nurse / Dr NIL Signature Time
Receiving Nurse / Dr Signature Time
Kny. MGANGA MEAWIDHI W. HOSPITAL
S. L. P. 22, TABORA

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