BMC 299672

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 225211/22.
Surname LUANENO
First name ALLY Middle name
Age 15Yrs Sex M
Religion Muslim Ward/Unit EMD
Tribe Sukuma.
Next of Kin YUSUPH COBINI
Relationship Teacher.
Phone Contact 0756285570.
Physical Address ILEMELA.

Date of Admission 05/02/2022 Referral Serial No. ..... Medical Diagnosis Closed # of Both Fibula & Tibia.

Referral to BMC Date of Referral 05/02/2022 Time 23:00pm.

Present chief Complaints. Inability of using right limb.

Patient's History Pt presented with hx of injury to the right leg after sustained injury while playing football where collided and fell.

Physical Examination Opole, not jundiced, Cyanosed, no bruise.

Provisional/Final Diagnosis Closed # of Both shaft of the fibula & tibia.

Investigations ~~CXR~~ Tibia & Fibula right Xray.

Treatment given prior referral Back slab and IM diclofenac.

Reason (s) for referral For Orthopaedic consultation and further Management.

Vital signs prior referral

BP	PR	RR	SPO_2	TEMP	RBG	GCS/AVPU(Alert,Verbal response,Pain response,Unresponsive)	TIME
118/69	78	18	98	36.3	6.9	15/15	

Referral Personnel Makigo Designation MD Signature Time 23:00pm. Stump.....

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