

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



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

# PATIENT REFERRAL FORM

Hospital Reg. Number... 225326  
Surname... UNKNOWN.  
First name... UNKNOWN Middle name...  
Age... 23 Sex... M  
Religion... Ward/Unit...  
Tribe...  
Next of Kin...  
Relationship...  
Phone Contact...  
Physical Address... KIRUMBA

Date of Admission... 7/12/22 Referral Serial No. Medical Diagnosis... Head injury Mild TB

Referral to... BMC Date of Referral... 7/12/22 Time...

Present chief Complaints... Head injury

Patient's History... Patient sustained injury of the head after she was involved in a

Physical Examination... Semiconscious, GCS 3/5, not pale, not jaundiced.

Provisional/Final Diagnosis... Mild TB, Head injury

Investigations... Head CT scan without contrast

Treatment given prior referral... Further management

Reason (s) for referral... Further management

Vital signs prior referral

PR	RR	SPO <sub>2</sub>	TEMP	RBG	GCS/AVPU (Alert, Verbal response, Pain response, Unresponsive)	TIME
95	18	96	36.8			

Referral Personnel... Dr. Robert Designation... MD Signature... J. Zah Time... 5:30 Stump...

Escorting Personnel...

## Feedback leaf let

Name of the Hospital... Department...  
Patient Full Name... Referral serial No. ...  
Referral Diagnosis... Confirmed Diagnosis...  
Comments...  
Name of the Dr./Staff... Designation... Signature/Stamp...