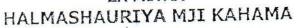


JAMHURI YA MUUNGANO WA TANZANIA

OFISI YA RAIS, TAWALA ZA MIKOA NA SERIKALI ZA MITAA





REFERRAL FORM

Ref. No. 1-1981238109149 Date 24/112022
Referral from KAHAMA HOSPITAL
Referral to BUGANDO ORTHOPEDIC DEPARTMENT
Name of the Patient ELIAS DICKSON DICKSON : Age 21 days
Marital status CITILD Tribe NYAMWEZI Religion RC Address NYIHOGO
Occupation CITILD Date of arrival 24/1/2022 Time Aur
History of the Patient Child born with both feet deformity and moderate swelling at hunder region.
Past Medical History Head been affended at tahama physiotrapy choic fa assessment '
Physical Examination Has bolateal Talipes Equinovarus, pal pable wass on lower back at Ly/Ls, Ls/s, - Has Actore movement on Ms.
Investigation Lab Results Done X Ray hereber Region, ' Diagnosis Spinal Botoda Treatment Given before Referral No any treatment done
0 -
Reason for Referral for Fu Ther wange end office of the state of the s
Name of a Referring Doctor. Howord MPOT Signature Qualification PHYSIO TOTERAPUST Date 24 11 TOTE Time
LA JAN
FEEDBACK KAMAMA
1. Was treatment given before referral appropriate? 2. Confirmed diagnosis at referral point
 Was treatment given before referral appropriater. Confirmed diagnosis at referral point