


Buc file no: 250697

<p>THE UNITED REPUBLIC OF TANZANIA MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN</p>  <p>SEKOU - TOURE REGIONAL REFERRAL HOSPITAL P.O. BOX 132 MWANZA, TEL: 028 40242 / 3</p>	<p>PATIENT REFERRAL FORM</p>	
	<p>Hospital Reg. Number. 226473</p> <p>Surname. MUSHI</p> <p>First name. JACKSON Middle name. CHAKILIA</p> <p>Age. 21 Sex. M</p> <p>Religion. CHRISTIAN Ward/Unit.</p> <p>Tribe. SUKUMA</p> <p>Next of Kin.</p> <p>Relationship. SINGLE</p> <p>Phone Contact. 0768789018</p> <p>Physical Address. DUDURUA</p>	

Date of Admission. 12/01/2022 Referral Serial No. Medical Diagnosis. SPINAL CORD INJURY

Referral to. DMC		Date of Referral. 12/01/2022		Time. 1:12			
Present chief Complaints. Injury to the neck.							
Patient's History. Sustained injury to the neck after falling down and landed on ground with neck following by the rest of the body, inability to use lower limb.							
Physical Examination. Lost sensation & Motor below the level of T4, Tetraplegia.							
Provisional/Final Diagnosis. Complete spinal cord injury, ASIA "A"							
Investigations. CT SCAN OF CERVICAL SPINE & THORACIC SPINE							
Treatment given prior referral. Neck Support, Catheterization, N.S 09 = 12.							
Reason (s) for referral. FOR NEUROSURGICAL REVIEW & FURTHER Mx.							
Vital signs prior referral							
BP	PR	RR	SPO ₂	TEMP	RBG	GCS/AVPU (Alert, Verbal response, Pain response, Unresponsive)	TIME
85/50	48	18	98	36.3°	7.2	GCS = 15/15	
Referral Personnel. ILDE KLEASI		Designation. MD		Signature. [Signature]		Time. 1:37	
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.	
Name of the Dr./Staff.	Designation.
Signature/Stamp.	