

Referral Form		original / copy	
Name of facility: Ngudu Hospital	Name: Dr. Elizabeth M.	Position: Medical Officer	Date of referral: 10/02/2002
Referred by:	Ngudu District Hospital	Time of referral:	
Initiating facility Name and address:		Fax No:	
Telephone arrangements made:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Facility tel No:	
Referred to facility Name and address:	Bygonde Medical Centre	Age 5 Mo	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Client Name:	Maponde Makoye Mgalila		
Identity Number:	00-13-85		
Client Address:	Mulula		
Clinical history:	<p>9c: failure to thrive for 2/12 associated with head lagging and weakness of both upper and lower limbs, however he is breastfeeding normally with normal bowel habits. Was born with 2kg by 40w without complications. No fever or other complaints reported.</p> <p>Clinically mild pale, baby old, not dyspnoic or dehydrated, not jaundiced no lower limb edema. Has tachy hypotonia both sides.</p> <p>R: 20bpm R: 100bpm SpO2: 96% in RA Ref: 001: Excretorally normal Hb levels 10.9g/dl</p>		
Findings:			
Treatment given:			
Reason for referral:	Ref: General Paed		
Documents accompanying referral:	Referral for further management		
Print name, sign & date:	Name:	Signature:	Date:
Escort nurse/doctor:	Name:	Signature:	Date:
Note to receiving facility on completion of client management please fill in and return the referral back slip below and send with patient or send by fax or mail			
Back referral form		Tel No. N.T. MGANGA MKUJI NA WILAYA KIWIMBA=	
Facility name:	Name:		
Reply from (Person completing form):	Position:	Specialty:	
To initiating facility: (enter name and address):		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Client Name:			
Identity Number:			On date:
Client Address:			
This client was seen by: (give name and speciality):			
Patient history:			
Special investigation and findings:			
Diagnosis:			
Treatment /operation:			
Medication prescribed:			
Please continue with: (meds, Rx, Follow-up, care):			On date:
Refer back to:		Signature:	Date:
Print name, sign & date:	Name:		