Bulletin # 250451

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 226164
Surname MAKABALA.
First name NKHANGWA. Middle name MARWA
Age 56 Sex F
Religion CHRISTIAN. Ward/Unit EMD.
Tribe
Next of Kin AMOS MARWA
Relationship BROTHER
Phone Contact 0754042089.
Physical Address MAHINA NYAMAGANA.

Date of Admission 10/2/2022. Referral Serial No. Medical Diagnosis

Referral to BMC. Date of Referral 10/2/2022. Time

Present chief Complaints. Inability to use the left lower limb.

Patient's History Inability to use the left lower limb that occured after she was pushed by people (Machinga) running away from police and she fell on left lower limb.

Physical Examination Swelling on the distal part of the left leg.

Provisional/Final Diagnosis Closed fracture of distal end of left tibia
Closed fracture of Proximal part of left fibura.

Investigations X ray of left leg.

Treatment given prior referral 1M Diclofenac 75mg stat, Pop backslap application.

Reason (s) for referral Orthopeditran to review.

Vital signs prior referral

BP	PR	RR	SPO_2	TEMP	RBG	GCS/AVPU(Alert,Verbal response,Pain response,Unresponsive)	TIME
130/89	82	18	96	36.7		GCS = 15/15.	

Referral Personnel Dr Enock KAMUGA Designation MD Signature Sat Time 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

SEKOU TOURE REGIONAL HOSPITAL P.O. BOX 132 MWANZA Referral Note SIGN D te

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

Nursing Service Form Vesion 1