

BMC 248683

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 222113
Surname Michele Middle name Wendy
First name Grace Sex F
Age 40 Ward/Unit PW
Religion Chh
Tribe Sukuma
Next of Kin -
Relationship -
Phone Contact -
Physical Address Indwely

Date of Admission 25/1/20 Referral Serial No. - Medical Diagnosis SAM kidney

Referral to BMC Date of Referral 29/1/20 Time 14:30

Present chief Complaints inability to gain weight, fever

Patient's History associated with skin lesions

Physical Examination BN/A ~~and~~ L. C and Bilateral Edema

Provisional/Final Diagnosis SAM - kwashiorkor type, Nephroblastoma

Investigations Hb = 6.6, Uprated Ab - Bilateral lymphaden

Treatment given prior referral Amoxycillin, Paracetamol, Metoprolol

Reason (s) for referral for Malnutrition

Vital signs prior referral

BP	PR	RR	SPO ₂	TEMP	RBG	GCS/AVPU (Alert, Verbal response, Pain response, Unresponsive)	TIME
-	114	22	99	36.5	4/2	GCS-15/15	

Referral Personnel DR. Michele Designation MD Signature [Signature] Time 14:30 Stamp 17A

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 -

Designation - Signature/Stamp -