

FORM NO.

UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH, COMMUNITY
DEVELOPMENT, GENDER, ELDERLY AND
CHILDREN

NAME OF HEALTH FACILITY

PATIENT REFERRAL FORM

Hospital Reg. Number... 00-09-62
Surname... MALANGWA
First Name... MABULA Middle Name... SAYI
Age... 54-1 Sex... M M/F
Religion... Tribe... Ward/Unit... M/W

Date of Admission... 8/2/22 Referral Serial No... Medical Diagnosis... G.O.D. & Electrolyte Imbalance AKI
Date of Referral... 10/2/22 Time... 11:00

Referral to... B.M.C
Present Chief Complaints

1. Vomiting everything x 24
2. Decreased urine output x 1/2

Patient's History pt presents w/ hx of vomiting everything
for 2 days, positive hx of epigastric pain
Also has hx of decreased urine output

Physical Examination

Dehydrated, tachycardic, tachypneic, anicteric, all over
P/A: Epigastric tenderness

Provisional/ Final Diagnosis

(1) G.O.D. & Electrolyte Imbalance (2) AKI

Investigation

Electrolyte panel, K⁺, Na⁺, Cl⁻, BUN, Creatinine, etc.

Treatment given prior referral

IVF, Ins metoprolol, w/ acetaminophen

Reason (s) for referral

For OGD + Gastroenterologist to review the case

Vital signs prior referral

BP	PR	RR	SPO ₂	TEMP	RBG	GCS/AVPU (Alert, Verbal response, Pain response, Unresponsive)	TIME
120/70	89	18	98%	36.7	6-1	GCS-11/15	

Referring Personnel... Joseph Teflous Designation... M.D.
Escorting Personnel... DANIEL FERDINAND Designation... EN
Receiving Personnel... Designation...

Signature/Stamp... MGANGA MEAWIDHI
Signature... YAMKOA-SIMITU
Time... 11:00