

FORM NO. 12

OF TANZANIA
 HEALTH, COMMUNITY
 GENDER, ELDERLY AND
 CHILDREN

PATIENT REFERRAL FORM

NAME OF HEALTH FACILITY
 KTV (RTH) H. 845

Hospital Reg. Number 00-27-05

Surname TAGATO

First Name BIKO

Middle Name

Age 32

Religion CHRISTIAN

Tribe Muha

M

Date of Admission

04/02/2022

Referral Serial No.

845

Medical Diagnosis

Marijuana induced mood disorder

Referral to

BMC

Date of Referral

04/02/2022

Time

Present chief Complaints

Aggressiveness

Patient's History

Patient has a hx of Marijuana use since 3yrs ago

Physical Examination

O/E - stable

Provisional/Final Diagnosis

See Marijuana induced Mood Disorders

Investigations

-

Treatment given prior referral

-

Reason(s) for referral

For Further Management

Vital signs prior referral

BP	PR	RR	SPO ₂	TEMP	RBG	GCS /AVPU (Alert, Verbal response, Pain response, Unresponsive)	TIME
120/80	80	20	99	36.5	4/5	15/15	

Referring Personnel

Dr. Mbulilo

Designation Mo

Signature

Mbulilo

Referring personnel

Designation

Receiving personnel

Designation

Kny: M. LEAWIDHE
 HOSPITAL OFFICER IRUPAAGE
 Box 216
 KATAVI

NOTE: One copy of referral form should be returned to the referring health facility

Feedback (optional)

Name of the Hospital

Department

Patient Full Name

Referral serial

Referral Diagnosis

Confirmed Diagnosis

Comments