

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



NAME OF HEALTH FACILITY

BUKOBIA REGIONAL REFERRAL HOSPITAL

PATIENT REFERRAL FORM

Hospital Reg. Number 00-19-34
Surname.....
First Name PHILEMON Middle Name JOHNS
Age 44yR Sex male M/F
Religion..... Tribe..... Ward/Unit 1

Date of Admission 04/02/2022 Referral Serial No. 434 Medical Diagnosis Open fracture of right T/F

Referral to BMC Date of Referral 04/02/2022 Time 7:00 Pm

Present chief Complaints Injury to the right lower limb 4hrs ago

Patient's History Presented with injury to the right lower limb a/w inability to use the limb

Physical Examination Multiple lacerations on the leg, exposed bone on distal T/F

Provisional/Final Diagnosis Open fracture of right T/F

Investigations Plain X-ray of the leg

Treatment given prior referral Wound debridement, irrigation, and dressing

Reason(s) for referral for ORIF after orthopedic surgeon review

Vital signs prior referral

BP	PR	RR	SPO ₂	TEMP	RBG	GCS /AVPU(Alert, Verbal response, Pain response, Unresponsive)	TIME
<u>120/78</u>	<u>98b/min</u>	<u>16/min</u>	<u>96%</u>	<u>36.3</u>		<u>15/15</u>	

Referring Personnel Dr. Yousif Designation MD Signature/Stump [Signature] Time 7:00 Pm

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 leaflet

Name of the Hospital..... Department.....

Patient Full Name..... Referral serial No.....

Referral Diagnosis..... Confirmed Diagnosis.....

Comments.....

Name of the Dr./Staff..... Designation..... Signature/Stump.....