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 96293/2021
Surname IGANGULA
First name SWAIBU Middle name NAWOR
Age 1944 Sex M
Religion ISLAM Ward/Unit MSW
Tribe HAYA
Next of Kin ANIPHA NASSOR
Relationship SISTER
Phone Contact
Physical Address ISAMILO

Date of Admission..... Referral Serial No. ..... Medical Diagnosis.....

Referral to BMC (Dept referal) Date of Referral 21/01/2022 Time.....
Present chief Complaints. difficult passing urine, and painful Micturation
Patient's History he underwent Open prostatectomy successful, but still Complain of pain during micturation
Physical Examination -
Provisional/Final Diagnosis Urethral stricture
Investigations Urethrogram was done with Normal findings
Treatment given prior referral
Reason (s) for referral For Urological review
Vital signs prior referral

BP	PR	RR	SPO_2	TEMP	RBG	GCS/AVPU(Alert,Verbal response,Pain response,Unresponsive)	TIME
108/78	84	16	98	36.7		15/15	

Referral Personnel..... Designation MD Signature..... 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 REFERRAL HOSPITAL P.O. Box 132 MWANZA Reffer NOTE SIGN

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.....