

FORM NO.

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



NAME OF HEALTH FACILITY

Simiyu RRH.

PATIENT REFERRAL FORM

Hospital Reg. Number. 06-05-48/2021
Surname. WATARI
First Name. MUNZA Middle Name. CHARLES
Age. 19YRS Sex. Female MF
Religion. CHR. Tribe. SUKUMA Ward/Unit. Fmw

Date of Admission. 20/1/2024 Referral Serial No. Medical Diagnosis. CKD STAGE IV

Referral to. BMC Date of Referral. 24/1/2024 Time. 12:45PM

Present Chief Complaints

Generalized body swelling, 1/2
DIB Y52.

Patient's History

Spontaneous onset of loss of appetite, easy fatigability
and gbm.

Physical Examination

Conscious, moderate pale, oedematous, cyanosed, Afebrile.

Provisional/ Final Diagnosis CKD STAGE IV & S. ANAEMIA IN FAILURE

Investigation R/O CTD.

US ABD/PELVIC, BUN 20mmol/L.

Treatment given prior referral

BT 30, furosemide 40mg bd 5/7, Spironolactone 25mg od 5/7.

Reason (s) for referral NEPHROLOGIST CONSULTATION, IV HEMATOPOETIN

Vital signs prior referral

BP	PR	RR	SPO ₂	TEMP	RBG	GCS/AVPU (Alert, Verbal response, Pain response, Unresponsive)	TIME
116/66	84	98		36.4	6.1mmol/L	15/15	

MGANGA MFAWIDHI

Referring Personnel. DR. Atkinson Designation. M.O. Signature/ Stump. HOSPITAL YARUF AA

Escorting Personnel. Designation. Signature. YA MKOA-SIMIYU

Receiving Personnel. Designation. Signature. Time