BMC 248668

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BARIADI TOWN COUNCIL

HALMASHAURI YA MJI BARIADI

REFERAL FORM

File No/Reg No: 00-16-76

Referral number

Name of referring health facility: BUGANDO MEDICAL CENTER

Name of referral health facility: BARIADI TC HOSP

Name of the patient: NSHIMA MAJANGE age 1Yr sex

Address: [illegible] marital status: CHILD

Date and time of admission: 28/1/2022

history: Difficulty in Breathing following eating groundnuts and then suddenly started Difficulty in Breathing and weakness

Physical Examination: ill looking, Af not Pale not Jaundiced SpO2 72% Severe Chest Indrawing, Abnormal Breathing Sounds [illegible]

Per vaginal examination: [illegible]

Investigation done: [illegible]

Provisional Diagnosis: Foreign body Aspiration

Treatment given:

Reason for referral: For Further Management

Name of escorting heath provider ... name of ambulance driver

Ambulance registration number

Name of Doctor/Nurse: [illegible] qualification

Signature & Stamp ... Date 28/1/[illegible]

K.n.y. MGANGA MKUU HALMASHAURI YA MJI BARIADI

Feedback note:

Facility name

Client name ... Date & Time received

Problem identified

Management given

Prognosis

Comments

Name of doctor/Nurse ... signature ... title