


248231

FORM NO. 12

UNITED REPUBLIC OF TANZANIA MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN  GEITA REGIONAL REFERRAL HOSPITAL P.O. BOX 40, GEITA.	PATIENT REFERRAL FORM Hospital Reg. Number <u>00-29-03/22</u> Surname <u>LEJHA</u> First Name <u>WILLIAM</u> Middle Name <u>CHARLES</u> Age <u>30YR</u> Sex <u>M</u> M/F Religion <u>CHRISTIAN</u> Tribe <u>SUKUMA</u> Ward/Unit <u>W.D.02</u> ADDRESS <u>KATOMA</u>
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Date of Admission 25/1/2022 Referral Serial No. Medical Diagnosis M.TBI = Intra-cranial haemage ??

Referral to <u>Bme</u>	Date of Referral <u>26/1/2022</u>	Time <u>08:36am</u>
Present chief Complaints <u>Confused for 1/7</u>		
Patient's History <u>hx of RTX who a passenger on a motorcycle accident, sustained head injury</u>		
Physical Examination <u>Sem-lucid, confused, afebrile, equal, equal</u>		
Provisional/Final Diagnosis <u>M.TBI = Intra-cranial haemage ??</u>		
Investigations <u>Skull X-ray - Normal</u>		
Treatment given prior referral <u>Mannitol 150mg stat, Dexamethasone 10mg stat, Ceftriaxone 1g stat, Metoprolol 50mg stat</u>		
Reason(s) for referral <u>For CT-scan and further neurological intervention</u>		
Vital signs prior referral		
BP <u>97/77/89mmHg</u>	PR <u>97b/min</u>	RR <u>6b/min</u>
SPO ₂ <u>97%</u>	TEMP <u>37.1</u>	HRG <u>6.1mmol/l</u>
GCS / AVPU <u>9/11</u> Alert, Verbal response, Pain response <u>Sedated</u>		
Referring Personnel <u>Boruphae/Homys</u> Designation <u>CLINICAL MD</u> Signature/Stamp <u>Bme</u> Time <u>08:37am</u> Escorting personnel <u>Sayji Makalima</u> Designation <u>AWO</u> Signature <u>Hand</u> Time <u>11:05am</u> Receiving personnel Designation Signature Time		
NOTE: one copy of referral form should be returned to the referring health facility		

GEITA REGIONAL HOSPITAL
FOR MEDICAL OFFICER IN CHARGE
P.O. Box 40
GEITA

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.....