

BM^c 249274

DIOCESE OF GEITA
SENGEREMA D.D.HOSPITAL

REFERRAL FORM

TO..... B.M.C

ATTE:..... DIALYSIS UNIT, INTERNAL MEDICINE

NAME OF PATIENT:..... Ashura Ibrahimy Jung

ADDRESS:..... Katoro

DATE:..... 02/02/2022..... TIME..... 0840pm

MAIN COMPLAINTS:

..... Known HTN patient & ESRD

SUMMARY OF DISEASE

(HX)..... A 42yrs old Female known hypertensive

pt for 05 years now with End stage renal disease

Had undergo 05 sessions of dialysis till now

Also had severe anaemia 2^o UGIB had received 70unit of BT
complain of (2) Leg pain and numbness

DIAGNOSIS/IMPRESSION:..... (01) ESRD, Blocked femoral catheter flow.

..... S.A 2^o UGIB, DVT ??

TREATMENT GIVEN:..... Dialysis, BT

REASONS FOR

REFERRAL:..... For further management of
Dialysis and UGIB

DOCTOR'S NAME:..... Dr. Haridun AM

SIGNATURE.....

