100

BARIADI TOWN COUNCIL

HALMASHAURI YA MJI BARIADI

REFERAL FORM

File No/Reg No: 00-23-66

Referral number

Name of referring health facility: BUGANDO MEDICAL CENTER

Name of referral health facility: BARIADI TC HOSPITAL

Name of the patient: BABU AZARA age 36 sex

Address: MWABUTACI MEATU marital status MARRIED

Date and time of admission 11/02/2022

history: 4 days post Sub total Abdominal Hysterectomy and Mwandoya HC Mecta due to Ruptured Uterus Para 10 living 7. Since then No Urine output and Abdominal Distension

Physical Examination: ill looking Afeb not pale not Jaundiced BP 120/70 mmHg PR 78b/m RR 21 [illegible]

Per vaginal examination: PA Distended, Slightly tender on palpation Bowel Sound Heard

Investigation done: Abd USS - Bilateral Severe Hydronephrosis and Ureters

Provisional Diagnosis: Ureteric Obstruction / ~~Ureteral~~

Treatment given:

Reason for referral: For Further Mx

Name of escorting heath provider name of ambulance driver

Ambulance registration number

Name of Doctor/Nurse Conga [illegible] qualification AMD

Signature & Stamp Date 12/2/22

Kny. MGANGA MKUU HALMASHAURI YA MJI BARIADI

HALMASHAURI BARIADI

Feedback note:

Facility name

Client name Date & Time received

Problem identified

Management given

Prognosis

Comments