

General ward - 1

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 00-31-46
Surname DANIEL
First Name EMILIANA Middle Name
Age 31 Sex F M/F
Religion 7 Tribe Suba Ward/Unit
Address Geita

Date of Admission 7/21/2022 Referral Serial No. 1 Medical Diagnosis DVT post delivery
↑ risk of pulmonary embolism

Referral to BMC Date of Referral 8/2/2022 Time 09:00 am

Present chief Complaints Unilateral LT L limb swelling for 3/52

Patient's History Hx of SUD in 2 weeks post (1460)

Physical Examination Alert, Dyspnoic & Left L limb swelling

Provisional/Final Diagnosis DVT Post Delivery

Investigations ↑ pulmonary embolism

Reason(s) for referral SC Enoxaparin & IV antibiotics

Vital signs prior referral For expert investigation & management

BP PR RR SPO₂ TEMP RBG GCS /AVPU (Alert, Verbal response, Pain response, Unresponsive) TIME

100/50/96 24 92% 36.8 68 14/5

Referring Personnel Dr. Milled Designation MD Signature/Stamp CP Time 11:00 am

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

Receiving personnel Designation Time

NOTE: one copy of referral form should be returned to the referring health facility

Feedback leaflet

Name of the Hospital Department

Patient Full Name Referral serial No

Referral Diagnosis Confirmed Diagnosis

Comments