

BMC/etw # 248619.

FORM NO. 12

UNITED REPUBLIC OF TANZANIA
MINISTRY OF HEALTH, COMMUNITY
DEVELOPMENT, GENDER, ELDERLY AND
CHILDREN



NAME OF HEALTH FACILITY

PATIENT REFERRAL FORM

Hospital Reg. Number 00-02-64
Surname Kilugora Remberka
First Name Vumilia Middle Name
Age 16 years Sex F M / F
Religion Tribe Sukuma Ward/Unit 6

Date of Admission 17/01/2022 Referral Serial No. 421 Medical Diagnosis ① Severe Anaemia 2^o to hematologist
② Malignancy
③ Rube on Burkitt Lymphoma
ALL lymphoma

Referral to <u>BMC</u>				Date of Referral <u>28/01/2022</u>				Time <u>4:40pm</u>	
Present chief Complaints <u>Headache, Dizziness, Easy fatigability on exertion 1 1/4</u>									
Patient's History <u>Easy fatigability, excessive bleeding, but no petechiae</u>									
Physical Examination <u>Unilateral facial swelling</u>									
Provisional/Final Diagnosis <u>Severe Anaemia 2^o hematologist Malignancy</u>									
Investigations <u>FBP Leucocytosis of 37.2 Hb - 6 Platelet 35</u>									
Treatment given prior referral <u>Blood transfusion</u>									
Reason(s) for referral <u>For hematologist / physician to review case</u>									
Vital signs prior referral									
BP	PR	RR	SPO ₂	TEMP	RBG	GCS /AVPU (Alert, Verbal response, Pain response, Unresponsive)			TIME
<u>1</u>						<u>15/15</u>			<u>4:50pm</u>
<p>Referring Personnel <u>Tinashe Nyenzi</u> Designation <u>Nurse</u> Signature/Stamp <u>Tinashe</u> Time <u>4:50pm</u></p> <p>Escorting personnel Designation Signature Time</p> <p>Receiving personnel Designation Signature Time</p>									
NOTE: one copy of referral form should be returned to the referring health facility									

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