



JAMHURI YA MUUNGANO WA TANZANIA
OFISI YA RAIS, TAWALA ZA MIKOA NA SERIKALI
ZA MITAA
HALMASHAURIYA MJI KAHAMA



REFERRAL FORM

Ref. No. FA/98/238/09/49 Date 24/1/2022

Referral from KAHAMA HOSPITAL

Referral to BUGANDO ORTHOPEDIC DEPARTMENT

Name of the Patient ELIAS DICKSON DICKSON Age 21 days

Marital status CITIZEN Tribe NYAMWEZI Religion RC Address NYIHOGD

Occupation CITIZEN Date of arrival 24/1/2022 Time Am

History of the Patient child born with both feet deformity and moderate swelling at lumber region

Past Medical History Had been attended at kahama physiotherapy clinic for assessment

Physical Examination Has bilateral Talipes equinovarus, palpable mass on lower back at L4/L5, L5/S1, has active movement on l.h.s.

Investigation Lab Results Done X Ray lumber Region

Diagnosis Spinal Bifida Treatment Given before Referral no any treatment done

Reason for Referral for further management

Name of a Referring Doctor Hawwa MPO

Qualification PHYSIOTHERAPIST Date 24/1/2022 Time 2:00 PM

FEEDBACK

1. Was treatment given before referral appropriate?
2. Confirmed diagnosis at referral point
3. Follow up needed
4. General comments

