

BMC 249258

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



SEKOU - TOURE REGIONAL REFERRAL HOSPITAL
P.O. BOX 132 MWANZA, TEL: 028 40242 / 3

PATIENT REFERRAL FORM

Hospital Reg. Number. 224343/2022
Surname. Asha Mary
First name. BLO Middle name.
Age. 20 yrs Sex. F
Religion. Ward/Unit. Pw
Tribe.
Next of Kin. Asha Mary
Relationship. Mother
Phone Contact. 0756362400
Physical Address.

Date of Admission. 1/1/2022 Referral Serial No. Medical Diagnosis. Neurofibromatosis

Referral to. BMC Date of Referral. 2/1/2022 Time. 1:19 PM

Present chief Complaints. Swelling below the tongue

Patient's History Presented with swelling below the tongue

Physical Examination swelling below tongue, nodulated, the swelling

Provisional/Final Diagnosis Neurofibromatosis

Investigations

Treatment given prior referral Maintenance fluids,

Reason (s) for referral For further Management

Vital signs prior referral

BP	PR	RR	SPO ₂	TEMP	RBG	GCS/AVPU (Alert, Verbal response, Pain response, Unresponsive)	TIME
140	47	99	96	36.9	7.2		

Referral Personnel. Samson Samuwa MD Signature. Time. 1:19 PM Stump.

Escorting Personnel. Designation. Signature. Time. 1:19 PM

Receiving Personnel. Designation. Signature. Time. 1:19 PM

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