

FORM NO.

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



NAME OF HEALTH FACILITY

SPRH.

PATIENT REFERRAL FORM

Hospital Reg. Number. NKINDA, 00-04-31
Surname. MBOYI NDONKO NKINDA
First Name. MABOYI Middle Name. NDONKO
Age. 26 Sex. F M/F
Religion. Tribe. Ward/Unit. FL

Date of Admission 15/01/2022 Referral Serial No. Medical Diagnosis

Referral to BMC Date of Referral 24/01/2022 Time 12:16hrs

Present Chief Complaints ① Productive cough - 10/7.
② Vomiting - 1/7.

Patient's History Pt with h/o severe vomiting greenish content, prior the
pt has hx using herbal medications follow by productive cough.
with h/o slight abdo swelling, no fever no headache, no chills/shivering

Physical Examination Obs: Conscious. Weak not pale, no jaundiced & ll edema
Pa - Slight distended, No organomegaly, Soft not tense.

Provisional/ Final Diagnosis ① G40 2+?? ② Herbal intoxication

Investigation USS - Sludge gallbladder, Generalized ascites.

Treatment given prior referral Ceftriaxone 1g od 10 ml into 500mg tbs
1mg Meloclopramide 10mg tbs.

Reason (s) for referral

Vital signs prior referral

BP	PR	RR	SPO ₂	TEMP	RBG	GCS/AVPU (Alert, Verbal response, Pain response, Unresponsive)	TIME
90/55	99		99%PA				

Referring Personnel Machuz Designation MO Signature/Stamp MGANGA MFAWIDHI Time 12:16hrs

Escorting Personnel Designation Signature YA MKOA-SINTU Time

Receiving Personnel Designation Signature Time