

Bone file 249665

FORM NO. 12

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



NAME OF HEALTH FACILITY

BUKOBA REGIONAL REFERRAL HOSPITAL

PATIENT REFERRAL FORM

Hospital Reg. Number 00-19-35/22
Surname BELNAD
First Name BOHADI Middle Name 1 Day
Age 1 Day Sex M/F
Religion CHRISTIAN Tribe SUKUMA Ward/Unit 07

Date of Admission 5/2/2022 Referral Serial No 436 Medical Diagnosis PRIMAVERIA E L BWT

Referral to BMC Date of Referral 5/2/2022 Time 3:30 PM

Present chief Complaints Referred with her mother

Patient's History Born before term

Physical Examination fine skin maturity score 14/23

Provisional/Final Diagnosis Prima verity with LBT

Investigations

Treatment given prior referral Amoxicillin 8mg/kg - 6hrly for 6mg of Dose

Reason(s) for referral Stay with his mother

Vital signs prior referral

BP	PR	RR	SPO ₂	TEMP	RBG	GCS /AVPU(Alert, Verbal response, Pain response, Unresponsive)	TIME
<u>148</u>	<u>48</u>	<u>98</u>	<u>98</u>	<u>37.0</u>	<u>52</u>	<u>AVPU</u>	<u>3:30 PM</u>

Referring Personnel PHC BORI CATHARINA Designation MD Signature/Stamp [Signature] Time 3:30 PM

Escorting personnel GETRUSE MWINZI Designation EN Signature [Signature] Time 3:30 PM

Receiving personnel..... Designation..... Signature..... Time.....

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.....