BMC 250270

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

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

PATIENT REFFERRAL FORM

Hospital Reg. Number 225649/2022
Surname MACHIA
First name JONATHAN Middle name EMMANUEL
Age 21 Y/o Sex MALE
Religion Ward/Unit G/SURGERY
Tribe
Next of Kin ESTHER JONATHAN
Relationship Mama
Phone Contact. 0712320354
Physical Address MISUNGWI

Date of Admission 9/2/022 Referral Serial No. Medical Diagnosis

Referral to BMC Date of Referral 9/2/2022 Time 12:30 Pm

Present chief Complaints. - Painful left arm for 6/7

Patient's History - Had history of osteomyelitis of the same limb 2yrs ago - but healed by its own

Physical Examination - Alert, NAD febrile, NAD pale, mild swollen part of left elbow

Provisional/Final Diagnosis - CHRONIC OSTEOMYELITIS OF LEFT ELBOW JOINT

Investigations - X-ray of Left elbow, showed features of chronic osteomyelitis

Treatment given prior referral

Reason (s) for referral - For orthopaedic Surgeon Review and Further Management

Vital signs prior referral

BP	PR	RR	SPO_2	TEMP	RBG	GCS/AVPU(Alert,Verbal response,Pain response,Unresponsive)	TIME
112/80	80	18	98	36.8		15/15	

Referral Personnel Fadhili Nuwem Designation MD Signature [signature] Time 12:37pm Stump

Escorting Personnel Designation Signature Time

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

Nursing Service Form Vesion 1