F TANZANIA
OMMUNITY
RLY AND CHILDREN

L REFERRAL HOSPITAL
, TEL: 028 40242 / 3

PATIENT REFFERRAL FORM

Hospital Reg. Number 225632
Surname Juma
First name ASHURA Middle name
Age 7 Sex
Religion Islamic Ward/Unit
Tribe Kurya
Next of Kin Kasian Mohamed
Relationship Uncle
Phone Contact 0762916465
Physical Address Nyamanoro

Medical Diagnosis Mild TBI, Epidural hematoma

2/2022 Referral Serial No. Time 20:81

Date of Referral 8/2/2022

BMC

plaints. AMS, DIB

h/o of change in AMS, DIB, following hx of involved in MVA as a pedestrian, unconscious, afebrile, opale, ojaundiced, odeg nor, o bleeding

on

Diagnosis closed # of proximal neck of femur, Mild TBI, Epidural hematoma.

Head CT scan, FBP, Aspiration, PRN

prior referral: Paracetamol, Ceftriaxone, Inj diclofenac, Metronidazole iv, 200mg; Inj diclofenac; further Mgt was Cept... (Neurosurgeon Review).

eferral

r referral

	SPO$_2$	TEMP	RBG	GCS/AVPU(Alert,Verbal response,Pain response,Unresponsive)	TIME
0	97	37.4	7.5	13/15	

Jamma ...Designation NW Signature ... Time 4:07 Stump
nnel ... Designation ... Signature ... Time
rsonnel ... Designation ... Signature ... Time
ersonnel ... Designation

copy of referral form should be returned to the referring health facility

leaf let ... Department
f the Hospital ... Referral serial No.
Full Name ... Confirmed Diagnosis
al Diagnosis
ments ... Signature/Stamp
... Designation