

BMC 249723

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... 2253 27
Surname... UMENOVIN
First name... ROJAS Middle name... UMENOVIN
Age... 27 Sex... M
Religion... CHRISTIAN Ward/Unit...
Tribe... HAYA
Next of Kin...
Relationship...
Phone Contact... 0743 11 3055
Physical Address... KIRUMISI

Date of Admission... 6/02/2022 Referral Serial No. Medical Diagnosis... # OF ACETABULUM & LEFT DISTAL FEMUR #

Referral to... BMC Date of Referral... 6/02/2022 Time... 3:27

Present chief Complaints... Injury to the left thigh.

Patient's History... Sustained injury to the left thigh, after MTA, where he was riding a motorbike and fell weight on the affected limb.

Physical Examination... Deformity of the left thigh.

Provisional/Final Diagnosis... # of the left distal femur fragmented fracture

Investigations... X-ray of the left thigh (Femur).

Treatment given prior referral... IV fluid N.S 2L, Analgesic, IV Cefazolin, N-Methonol

Reason (s) for referral... ORIF of the left distal femur.

Vital signs prior referral

BP	PR	RR	SPO ₂	TEMP	RBG	GCS/AVPU (Alert, Verbal response, Pain response, Unresponsive)	TIME
118/92	98	18	95	36.5	—	11/15	

Referral Personnel... IIDE KIJASI Designation... MD Signature... Time... 3:27 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...