

Burles # 250482

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



NAME OF HEALTH FACILITY

MPRH

PATIENT REFERRAL FORM

Hospital Reg. Number... 00-45-13
Surname... KHANGU
First Name... MSHW... Middle Name...
Age... 28yrs... Sex... M... M/F...
Religion... Tribe... Ward/Unit...

Date of Admission... 09/02/2022... Referral Serial No... Medical Diagnosis... open book #file class 3,

Referral to... Bluebird Medical Centre... Date of Referral... 09/02/2022... Time... 10:30 AM
Present chief Complaints... Inability to use lower limb, joint swelling, pelvic pain 3/4
Patient's History... pt present with the above complaint after sustained MVA
Physical Examination... alert, pale, jaundiced, dyspnoea, cyanosed, OLL
Provisional/Final Diagnosis... superior and inferior femur #, pelvic # tib class 3
Investigations... pelvis x-ray, Abdominal pelvis US, PBP
Treatment given prior referral... 1v fluid, 1m diclofenac, Adrenaline, Atropine
Reason(s) for referral... for ORIF

Vital signs prior referral

BP	PR	RR	SPO ₂	TEMP	RBG	GCS /AVPU(Alert, Verbal response, Pain response, Unresponsive)	TIME
118/64	110	20	98%	36.5C		15/15	10:30 AM

MGANGA MFAWIDHI
Kny. HOSPITALI YA RUFAA YA MAWENI
KIGOMA

Referring Personnel... Joseph T-Bu... Designation... M.D... Signature/Stump... Time... 10:19 AM
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 leaflet

Name of the Hospital... Department...
Patient Full Name... Referral serial No...
Referral Diagnosis... Confirmed Diagnosis...
Comments...
Name of the Dr./Staff... Designation... Signature/Stump...