

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



GEITA REGIONAL REFERRAL HOSPITAL

P. O. BOX 40, GEITA.

PATIENT REFERRAL FORM

Hospital Reg. Number 00-19-02/2022

Surname.....

First Name MUWA Middle Name PETER

Age 20yrs Sex M M/F

Religion..... Tribe GUWA Ward/Unit W008

ADDRESS KATO RW

Date of Admission 15/01/2022 Referral Serial No..... Medical Diagnosis @ M-TBI @ simple # stable Rf

Referral to RME Date of Referral 19/1/2022 Time 11:46Am

Present chief Complaints head injury for 8h

Patient's History fell back in Rf where he was hit from the back by a motor vehicle

Physical Examination conscious, afebrile, pupils equal, no neck rigidity

Provisional/Final Diagnosis M-TBI = intra-cranial hemorrhage @ simple # stable Rf

Investigations Skull X-ray left by X-ray 1lb bent, no skull fracture

Treatment given prior referral Mantol 20mg 10 tabs, Dexamethasone 10mg 10 tabs, left name, from M. Mchurukwa

Reason(s) for referral For CT-scan and further neurological intervention

Vital signs prior referral

BP/PR/RR/SPO₂/TEMP/RUG/GCS/AVPU/A&V, Verbal response, Pain response, Unresponsive

119/60/13/22/96.9/37.2/10/15

Referring Personnel BOZUPHILE/MOTARA Designation clinician Signature/Stamp [Signature] Time 11:46Am

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/Stamp.....