TANZANIA
MUNITY
AND CHILDREN

REGIONAL REFERRAL HOSPITAL
BOX 132 MWANZA, TEL: 028 40242 / 3

PATIENT REFFERRAL FORM

Hospital Reg. Number 225859
Surname DEUS
First name Etombu Middle name
Age 64 Sex
Religion CHRIST Ward/Unit
Tribe Msukuma
Next of Kin YOHANA DEUS
Relationship SON
Phone Contact 0758629744
Physical Address KISHIRI

Date of Admission 9/2/2022 Referral Serial No. Medical Diagnosis # P/3 femur (R) # neck femur (L)

Referral to BMC Date of Referral Time

Present chief Complaints.	Inability to use both Right & left LL.
Patient's History	Hx of inability to use Right & left LL following falling down
Physical Examination	Afebrile & pale & jaundice & LL edema
Provisional/Final Diagnosis	# P/3 femur (R), # neck femur (L).
Investigations	Xray (Pelvis), FBP.
Treatment given prior referral	Inj diclofenac 150mg stat, Iv Augmentin, Inj Ceftriaxone 1g stat.
Reason (s) for referral	For further mgt (orthopedic review).
Vital signs prior referral	

BP	PR	RR	SPO_2	TEMP	RBG	GCS/AVPU(Alert,Verbal response,Pain response,Unresponsive)	TIME
88/54	87	18	98	36°C	3.6	15/15	

Control BP - 120/88.

SEKOU TOURE REGIONAL HOSPITAL P.O. BOX 132 MWANZA Referral Note

Referral Personnel Sumira Designation MW Signature Time 2030 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