

File 249668



MASUMBWE HEALTH CENTRE

REFERRAL FORM

Date 06-31-33/22 Health facility Reg. No. 1044296 Referral No.

Referral to BUGANDA MC Name of the patient PHILEMON JEBETIAN NDZHI Age 28 Sex F

Address VYXKXFULU - MBOWE Marital status

Main complaint 90% loss of function of the lower extremities & the inability to use the hand of left leg

History of the patient The patient was apparent well until 2 hours ago when was involved in a accident concerning falling down from in the mining holes.

Physical Examination: HE - Swelling of the hand, leg numbness, paraplegic

Vital signs: -

Investigations done: S.

Provisional Diagnosis Spinal Injury

Treatment given 100mg Paracetamol 4 times a day

Reason for referral Infracture of the spine & disc disease of the spine

Name of the clinician For NEUROLOGIST to REVIEW

Signature Date 05/02/2022 Time 13:42pm Day 1st

FEEDBACK REPORT

Feedback from

Name of the patient Age Sex

Address Marital status

Intra operative findings

Final diagnosis

Patient condition on discharge

Doctor's Remarks

Name of the Dr. Signature Title Date