

BMC # 250077

FORM NO.

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

NAME OF HEALTH FACILITY

PATIENT REFERRAL FORM

Hospital Reg. Number... 09-09-16/2022

Surname... MAGANFICA

First Name... MASHU... Middle Name... MABULA

Age... 45... Sex... M... M/F

Religion... PAGAN... Tribe... Sukuma... Ward/Unit... OPA.

Date of Admission... 07/02/2022 Referral Serial No... Medical Diagnosis... # (R) M Femur

Referral to... Orthopedic SURGEON... Date of Referral... 07/02/2022 Time... 6:22 PM

Present Chief Complaints

(C) Inability to use (R) Lower Limb & R

Patient's History

The patient presented with hx of inability to use (R) lower limb for 4 months after being involved in a motorcycle accident and sustained injury on (R) lower limb associated with bone protrusion of (R) tibia and fibula also sustained injury at (R) Femur.

Physical Examination

Conscious, alert, oriented, afebrile & dry neck. No gross deformity & edema.

Provisional/ Final Diagnosis

closed # (R) Femur closed # (R) tibia & fibula

Investigation

Treatment given prior referral

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
129/82	80	20	98%	36.0°C	Alert		

Referring Personnel... DR. MAFENGA... Designation... MO... Signature/ Stamp... Time... 12:09 PM

Escorting Personnel... Designation... Signature... Time... 12:09 PM

Receiving Personnel... Designation... Signature... Time... 12:09 PM

MCANGA MFAWIDH
HOSPITAL
TA MKOA - STAIYU