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

(24843)
BMC Pharm
MD

SEKOU - TOURE REGIONAL REFERRAL HOSPITAL
P.O.BOX 132 MWANZA, TEL: 028 40242 / 3

PATIENT REFFERRAL FORM (24843)

Hospital Reg. Number 224128
Surname UNKNOWN
First name UNKNOWN Middle name
Age 25 Sex M
Religion Ward/Unit EMD
Tribe
Next of Kin
Relationship
Phone Contact
Physical Address MYANDILWA

Date of Admission 30/1/2022 Referral Serial No. Medical Diagnosis

Referral to BMC Date of Referral 31/1/2022 Time

Present chief Complaints: Confussion, After sustaining a Motor traffic accident

Patient's History presented with Confussion A/W bleeding per ear, nose, Mouth.

Physical Examination Confussed with not Pale, not Jaundiced, not Cyanosed Lips

Provisional/Final Diagnosis Mild Moderate Brain Injury (MTBI).

Investigations Head CT scan done.

Treatment given prior referral IV NS @ RL 4L, Mannitol 20mg IV

Reason (s) for referral for further Management

Vital signs prior referral

BP	PR	RR	SPO_2	TEMP	RBG	GCS/AVPU(Alert,Verbal response,Pain response,Unresponsive)	TIME
104/78	88	16	99	36°C	6.1	11/15 E=4, V=1, M=6.	

Referral Personnel Dr Seremani Designation MO Signature Time 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

Name of the Dr./Staff Designation Signature/Stamp

Nursing Service Form Vesion 1