

UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY

AND CHILDREN



KITETE REGIONAL REFERRAL HOSPITAL

P.O BOX 22 - TABORA

REFERRAL FORM

Medical Reg. Number 01-58861

Surname (In Capital) HAGEITA

First name SALMA Middle name KASSIM

Tribe NYAMWEZI

Physical address SIKONGE

Phone Contact 0692957640 Date of

Birth 4540 Sex F

Religion MUSLIM Ward / Unit 1

Next of Kin SAID Relationship BROTHER

Phone Contact

Date of admission 14/1/2022

Referral to BMC Date of Referral 18/1/2022 Time 11:00 AM

Presenting (chief) complaints (important elements)

Wound of the Perineum 10/12

Patient's History (important elements)

Presented with anal abscess started as small abscess then later discharging

Physical Examination (important elements)

Wound extended from the posterior part of rectum. There is purulent discharge from the wound.

Provisional / Final Diagnosis

Perianal abscess / Perianal fistula

Laboratory Investigations / Radiology Results

FBO

Treatment given prior transfer

Sitz Bath, 10 Metronidazole, Fefo, Nifedipine (oral), Anal

Reason (s) for referral

For biopsy and histology consultation

Vital Signs Prior Transfer

BP	PR	RR	SPO2	TEMP	RBG	GCS / AVPU (Alert, Verbal response, Pain response, Unresponsive)	Time
110/70	72	16	100	36.9 C	6	15/15	

Referring Doctor Bonzi A. Ntaka Signature Time 11:10 am

Escorting Nurse / Dr Signature Time

Receiving Nurse / Dr Signature Time

NOTE: One copy of referral form should be returned to the referring health facility.