BMC # 250072

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

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

PATIENT REFFERRAL FORM

Hospital Reg. Number 225241
Surname HAMISI
First name ANJELADA Middle name HAMISI
Age 22yrs Sex F
Religion CHRISTIAN Ward/Unit ICU
Tribe CHAZ
Next of Kin
Relationship
Phone Contact
Physical Address ILEMELA

Date of Admission 8/2/2022 Referral Serial No. Medical Diagnosis Preeclampsia with severe features

Referral to	Bugando Medical Centre Date of Referral 8/2/2022 Time 10:27AM
Present chief Complaints.	Headache, lower limb swelling, lower abdominal pain
Patient's History	loss of fetal kicks
Physical Examination	Drowsy, but oriented to People, Place and Time, mild Bilateral LLE pitting pedal oedema, Not jaundiced, no pallor.
Provisional/Final Diagnosis	Preeclampsia with severe features
Investigations	ABO and Rh Group, ALAT, ASAT, BUN urea, Creatinine, FBP, Cross matching
Treatment given prior referral	Methyldopa, Hydralazine, Ceftriaxone, Metronidazole
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
87/59	77	20	94	36.5	5.5	15/15	10:28AM

Referral Personnel Dr. Isaac Designation Intern. Signature [signature] Time (0:28AM 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

SEKOU-TOURE REGIONAL HOSPITAL P.O. BOX 132 MWANZA Note SIGN

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