

DIOCESE OF GEITA
SENGEREMA D.D.HOSPITAL

REFERRAL FORM

TO..... B.M.C

ATTE:..... EMD/ICU

NAME OF PATIENT:.. JACKSON BWELE

ADDRESS:..... NYAMALILO SENGHERMA

DATE:..... 20/01/2022 TIME 1230 PM

MAIN COMPLAINTS:

..... VOMITING BLOOD / 1/2

SUMMARY OF DISEASE

(HX)..... Hx of sudden onset of Vomiting
blood fresh blood mixed with clots.
.....
.....

DIAGNOSIS/IMPRESSION:

..... UGIB 2° Ruptured Oesophageal
Varices 2° Portal HTN

TREATMENT GIVEN:

..... BT 10
1/2 fluids (RL ± NS 3.5L)
.....

REASONS FOR

REFERRAL:..... for possible ligation and further
management

DOCTOR'S NAME:..... Dr. Hariduni A.T

SIGNATURE.....

