



JAMHURI YA MUUNGANO WA TANZANIA  
OFISI YA RAIS, TAWALA ZA MIKOA NA SERIKALI  
ZA MITAA  
HALMASHAURIYA MJI KAHAMA



REFERRAL FORM

Ref. No. LA/98/238/09/57 Date 25/01/2022  
Referral from KAHAMA MUNICIPAL COUNCIL HOSPITAL  
Referral to BUGANDO MEDICAL CENTER  
Name of the Patient YUSUPH H. MAKOMBE Age 36 YRS  
Marital status MARRIED Tribe POWOLLO Religion ISLAMIC Address MAGENGO-KHM  
Occupation TEACHER Date of arrival 25/01/2022 Time 08:10 AM  
History of the Patient C/C Low back pain recurrent for 3 years  
gradual onset; the pain radiates to the waist  
region, and thighs; and sometimes tingling  
sensation to the left foot.  
No history of trauma.  
Past Medical History Has history of being treated for same  
complaints at Benjamin Mkapa hospital; and  
he did X-ray of Lumbar, 2 times.  
- No history of Admission, no hist of surgery  
- No history of food or drug allergy.  
Physical Examination Alert, afebrile, not pale  
with Limping like gait  
no lower limb oedema, but has a  
mass-irregular at the Right foot-laterally (dorsal)  
Investigation Lab Results -  
Diagnosis ? Nerve compressions in Lumbar regions Treatment Given before Referral -  
Reason for Referral To Neurosurgeon 25/01/2022  
Name of a Referring Doctor Dr Leganya Signature Dr Leganya  
Qualification MO Date 25/01/2022 Time 09:30 AM

FEEDBACK

1. Was treatment given before referral appropriate?
2. Confirmed diagnosis at referral point
3. Follow up needed
4. General comments