

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



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

PATIENT REFERRAL FORM

Hospital Reg. Number 2245781
Surname Mwita
First name Sarah Middle name Mwita
Age 4 Sex F
Religion Christian Ward/Unit Paediatric surgery
Tribe Sukuma
Next of Kin 0758176361 Marge Mwita
Relationship BABA
Phone Contact 0758176361
Physical Address DGOMA

Date of Admission 2/2/22 Referral Serial No. Medical Diagnosis Spinal injury
GBS

Referral to <u>BMC</u>		Date of Referral <u>2/2/22</u>		Time <u>16:19hrs</u>	
Present chief Complaints. <u>Unable to stand, sit and Eat</u>					
Patient's History <u>Sudden history of ascending paralysis after fall from a height 2 days ago</u>					
Physical Examination <u>Alert, afebrile, Opale, not soundiced, no lower limb swelling</u>					
Provisional/Final Diagnosis <u>Spinal injury</u> <u>GBS</u>					
Investigations <u>① PBP, ② Typhoid, ③ MRBT (Negative)</u>					
Treatment given prior referral <u>ciprofloxacin, metronidazole, DNS,</u>					
Reason (s) for referral <u>For neurosurgeon to review</u>					
Vital signs prior referral					
BP	PR	RR	SPO ₂	TEMP	RBG
<u>99/77</u>	<u>100</u>	<u>18</u>	<u>91</u>	<u>37</u>	<u>4/3</u>
GCS/AVPU (Alert, Verbal response, Pain response, Unresponsive)					TIME
<u>GCS 15/15 Alert</u>					<u>16:23hrs</u>
Referral Personnel <u>Nurse Dr. Mase</u>		Designation <u>NB</u>		Signature <u>[Signature]</u> Time <u>16:23hrs</u> Stamp	
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 leaflet

Name of the Hospital Department

Patient Full Name Referral serial No.

Referral Diagnosis Confirmed Diagnosis

Comments

Name of the Dr./Staff Designation Signature/Stamp