Blue form: RDT villages

CMD Referral Form

Patient Registration no:			Reasons For Referral:		
Patient	name:		Fever that has lasted more than 7 days		
Name of Head of household:			Vomiting and diarrhoea		
Village name:			Blood in faeces or urine		
Parish:					
Name of	CMD:		Pain when passing urine, or frequent urination		
Date of referral: Time of referral:			Wound or Burns		
			Skin abscess		
Age of child:		Temp:	Painful swellings or lumps in the skin		
Quick Malaria Test result (circle): 1. Positive 2. Negative 3. Not tested Pre-referral treatment given by CMD or parents (Circle)?			Ear infection (runny ear or child pulling at ear)		
(0.1.010).	Yes – Coartem		Sticky or red eyes		
NO	Yes – Rectal Artesunate		Fever in babies less than 4 months old		
	Yes – Other (sp	pecify)			
			-		
Namo of	REFERF f Health Facility:		OMPLETED AT HEALTH FACILITY		
Name of	nealth racility:	Sub-county:	Date seen: Time seen:		
Name of	f attendant:		Position of attendant:		
Signs an	d Symptoms reco	orded:	Diagnostic tests done: YES If no. specify why:		

		it (circle):				
1. Pos	sitive 2. No	egative	3. Not tested	Ear infection (runny ear or child		
	al treatment g	given by C	MD or parents	pulling at ear)		
(Circle)?	l v - c			Sticky or red eyes		
	Yes – Coartem Yes – Rectal Artesunate					
NO			Fever in babies less than 4 months old			
	Yes – Other (specify)					
			AILS - TO BE COM	PLETED AT H		
Name of H	Health Facility:		Sub-county:		Date seen:	
					Time seen:	
Name of a	ittendant:			Position of	attendant:	
Signs and Symptoms recorded:				Diagnostic tests done: YES NO		
Signs and	Symptoms rea	corded:		Diagnostic	tests done: YES	NO
Signs and	Symptoms re	corded:		Diagnostic		NO
Signs and	Symptoms red	corded:		_		NO
J				_		NO
J	nent of patien		Patient Admitted:	_		NO
Managen	nent of patien		Patient Admitted: YES NO		fy why:	NO
Managen	nent of patien				fy why:	NO
Managen Diagnosis	nent of patien				fy why:	NO
Managen Diagnosis	nent of patien : :: ::come		YES NO		fy why:	NO
Managen Diagnosis Final Out	nent of patien : : :: :: :: YES	nt .	YES NO		Treatment given:	NO
Managen Diagnosis Final Out Referred:	nent of patien : : :: :: :: YES	NO NO	YES NO		Treatment given:	NO
Managen Diagnosis Final Out Referred:	nent of patien : come YES	NO NO	YES NO		Treatment given:	NO