

REFERRAL REGISTER

Name of District: _____

Name of Health Facility: _____



Date From: _____ (DD/MM/YY)

To: _____ (DD/MM/YY)



Mock sheet of the Referral Register

No.	OPD/FLD #	NAME	SEX	AGE	ADDRESS	NHIS Y/N	DATE	TIME	REFERRED FROM/TO	TYPE OF REFERRAL		PROVISIONAL DIAGNOSIS	FINAL DIAGNOSIS	OUTCOME	FEED BACK
										IN	OUT				
1	GXXXXXX	Samuel XXXXXXXXX	M	17	Nandom	Y	07/04/13	10:15	Nadowli Hosp.		✓	Snake bite			
2	GXXXXXX	Mary XXXXXXXXX	F	20	Dowine	N	08/04/13	9:30	XXX CHPS	✓		Breach	Pre-eclampsia	Discharged	Yes
3	GXXXXXX	Michel XXXXXXXXX	M		Takpo	Y	08/04/13	14:40	Nadowli Hosp.		✓	Severe malaria	Severe malaria	Discharged	Yes

Instruction how to fill in the columns:

No: A monthly serial number starting with 1 every month

OPD/FLD#: OPD or Patient folder number of the patient

Name: Full name of the patient

Sex: Male=M, Female=F

Age: The age of the patient in years for patients up to 1 year or more. For children less than 1 year, write in months, for children less than a month write in weeks and for children less than a week write in days.

Address: The address on the ID or patient folder of the patient

NHIS status: Insured=Y, Not insured=N

Date: The date on which the patient was referred or received. Write DD/MM/YY.

Time: The time referred or received

Referred from / to: When you receive the patient (Referral IN), record the name of facility on the referral form accompanied with the patient. When you send the patient (Referral OUT), record the name of facility you send the patient.

Type of referral: If you receive the patient, tick✓ on the column “IN”. If you send the patient, tick✓ on the column “OUT”.

PROVISIONAL DIAGNOSIS: Copy the “Diagnosis” in Referral Details on the GHS referral form.

FINAL DIAGNOSIS: In case of Referral “IN”, record the final diagnosis on this column before feedback. In case of “OUT”, record the final diagnosis on the column according to the feedback form/ verbal.

OUTCOME: Treated, Discharged, Absconded, Refused or Dead.

FEEDBACK: If you sent or received the feedback, “Yes”.

