



DOCTOR'S REFERRAL FORM

PATIENT INFORMATION:

Surname:
Other names:
Phone Number:

Age:

Gender

M F

City:

State:

BUSINESS HOURS:

Monday-Friday 8:00AM-5:00PM
Saturdays: 9:00AM-4:00PM
Public Holidays: 9:00AM-4:00PM

LMP

FASTING

DOCTOR'S INFORMATION

Referring Doctor: _____ Number: _____
Referring Hospital: _____ Email: _____
Date of Referral: _____

CLINICAL HISTORY:

OTHER INVESTIGATIONS:

DIGITAL ULTRASOUND

- ROUTINE PREGNANCY SCAN
- ANOMALY SCAN
- PELVIC (TRANS-ABDOMINAL)
- PELVIC (TRANS-VAGINAL)
- FOLLICULOMETRY/FOLLICULAR TRACKING
- AMNIOTIC FLUID INDEX
- FETAL BIOPHYSICAL PROFILE
- ABDOMINOPELVIC (TOTAL ABDOMINAL)
- UPPER ABDOMEN
- BREAST SCAN (SONOMAMMOGRAPHY)
- NECK/THYROID
- OBSTETRIC DOPPLER STUDIES (PELVICAL/MEDLE CARDIO METRIES)
- OCULAR B-SCAN
- TESTICULAR/SCROTAL
- PROSTATE SCAN (TRANS-RECTAL)
- MUSCULOSKELETAL SCAN
- DOPPLE STUDIES
- TRANSFONTANELLE SCAN

HAEMATOLOGY

- Haemoglobin estimation
- PCV
- Full Blood Count
- Red Cell Count
- White Cell Count
- Reticulocyte Count
- Differential White Cell Count
- Total Eosinophil Count
- Mean Cell Volume (MCV)
- Erythrocyte Sedimentation rate
- Blood Grouping
- Haemoglobin genotype
- Direct Coomb's test
- Indirect Coomb's test
- Bleeding time
- Clotting time
- Prothrombin time
- Platelet count
- Hepatitis A
- HbSAg
- Retroviral Screening
- HCV
- Mantoux test
- Aso Titre
- Rheumatoid factor
- Hepatitis B profile
- Mean Cell Haemoglobin (MCH)
- Mean Corpuscular Haemoglobin Concentration (MCHC)

MICROBIOLOGY & PARASITOLOGY

- Blood Culture & Sensitivity
- Widal Test
- VDRL
- HbSAg
- HIV I & II
- Stool Microscopy
- Stool MCS
- CSF Microscopy
- Urinalysis
- Urine MCS
- Sputum microscopy
- Urine Microscopy
- Seminal Fluid analysis
- Seminal fluid MCS
- CSF MCS
- CSF Cell Count
- Blood Film for Malaria Parasite
- HVS MCS
- Throat swab MCS
- Ear Swab
- Faecal Occult blood
- Heliobacter pylori
- Blood Microfilaria
- Skin Microfilaria

CLINICAL CHEMISTRY

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Fasting blood sugar | <input type="checkbox"/> Calcium | <input type="checkbox"/> Progesterone |
| <input type="checkbox"/> Random blood sugar | <input type="checkbox"/> Alkaline Phosphatase (ALP) | <input type="checkbox"/> PSA |
| <input type="checkbox"/> Glucose tolerance test | <input type="checkbox"/> Aspartate Aminotransferase (AST/SGOT) | <input type="checkbox"/> Testosterone |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Alanine Aminotransferase | |
| <input type="checkbox"/> Total protein | <input type="checkbox"/> Liver function test (AST/SGOT) | |
| <input type="checkbox"/> Globulin | <input type="checkbox"/> Renal function test | |
| <input type="checkbox"/> Total bilirubin | <input type="checkbox"/> Follicle stimulating hormone (FSH) | |
| <input type="checkbox"/> Direct bilirubin | <input type="checkbox"/> LH | |
| <input type="checkbox"/> CSF protein | <input type="checkbox"/> Prolactin | |
| <input type="checkbox"/> CSF sugar | <input type="checkbox"/> Growth hormone | |
| <input type="checkbox"/> Urea | <input type="checkbox"/> Insulin | |
| <input type="checkbox"/> Creatinine | <input type="checkbox"/> Cortisol | |
| <input type="checkbox"/> Sodium | <input type="checkbox"/> Oestradiol | |
| <input type="checkbox"/> Chloride | <input type="checkbox"/> Thyroid screening T3,T4,TSH | |
| <input type="checkbox"/> Bicarbonate | <input type="checkbox"/> Pregnancy Test (blood / urine) | |
| <input type="checkbox"/> Potassium | | |
| <input type="checkbox"/> Uric acid | | |

LIPID PROFILE

- Cholesterol
- HDL Cholesterol
- Triglyceride (LDL)

SERUM PROTEIN

- Total Protein
- Albumin
- Globulin
- Albumin-Globulin Ratio(A/G ratio)

RENAL FUNCTION TEST

- Urea
- Creatinine
- Sodium
- Potassium
- Chloride
- Total Calcium
- Ionized Calcium
- Non Ionized Calcium
- Magnesium
- phosphorus

LIVER FUNCTION TEST

- Alkaline phosphate (ALP)
- Aspartate Aminotransferase (AST/SGOT)
- Alanine Aminotransferase (ALT/SGPT)
- Total Bilnibin
- Conjugated Bilnibin
- Unionjugated Bilnibin

SPECIMEN COLLECTION COMMENTS

Collected By:		Received By:	
Date:		Date:	
Time:		Time:	