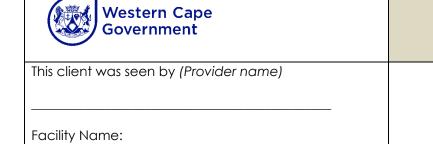


## REFERRAL TO FACILITY FROM COMMUNITY HEALTH WORKER

Name and surname of CHW referring client:			Name of non-profit organization:						
	Contact number of CHW:								
		Clien	t details						
Client address:			Client nam	ne and surname:					
				Birth	Age Gender				
Client contact telephone number									
Child Health	Women's Health	HAST		PACK	Basic Car	re			
Neonate 0-28 days	Family planning/ breast screening	TB		HIV	Basic care	;			
Road to Health (child 29 days -5 years)	Cervical cancer/ breast screening	HIV		ТВ	Injuries				
Immunization	Antenatal	STI		COPD/Emphysema	Wound co	are			
Vitamin A	Postnatal care	Medical male circumcision		Asthma	Continend	e			
Deworming				Hypertension	Tracheosto	omy			
Growth monitoring	Rehabilitation	Psychosocial support		Diabetes	Nutritional	support			
Development	Post-acute care	Adherence support		Epilepsy	Growth Fa	ıltering			
Oral health		Treatment Literacy		Diarrhea	Low Birth v	veight			
Child feeding		Support Club		Mental Health	PEG/ NGT/	/ NTP			
Child with danger signs		Social Group							
3.9113		Spiritual support							
		Wellness group							
Provide a brief explanation for referral)	tion of the reason for the	e referral (Incl	ude service (	client is being referred fo	or if not above	e and reason			
TO SERVICE PROVI Please complete Bac		e other side (	of this pape	r so we can ensure fo	ollow-up car	e.			
Signed CHW			_						
Signed client			Dat	e:					



## Back-referral to Community Health Worker

Clinic Sticker

Referral outcome								
Referred for	OUTCOME			FOLLOW UP ACTIONS				
	Problem Solved	Further intervention Required	Outcome not known	Self- management	Monitoring Progress	Keep Scheduled Visits	Refer for care	Other follow-up action required
Child Health								
Neonate 0-28 days								
Road to Health (child 29 days -5 years)								
Immunization								
Vitamin A								
Deworming								
Growth monitoring								
Development								
Oral health								
Child feeding								
Child with danger signs								
Women's Health								
Family planning/breast screening								
Cervical screening/breast screening								
Antenatal care								
Postnatal care								
HAST								
TB screening								
HIV screening								
STI screening								
Medical male circumcision								
PACK & Mental Health				11				
PACK TB								
PACK HIV								
PACK COPD/Emphysema								
PACK Asthma					1			
PACK Hypertension								
PACK Diabetes								
PACK Epilepsy					1			
Mental Health								
Diarrhea								
Basic care				II				
Basic nursing care								
Injuries								
Wound care								
Continence								
Tracheostomy								
Nutritional support: NGT/ PEG								
Psychosocial support								
Adherence support								
Treatment Literacy								<u> </u>

Support Club										
Social Group										
Spiritual support										
Rehabilitation										
Post acute care										
Comment:										
Provider's Signature					Da	Date (dd/mm/yy)				