



# ATFC

# PATIENT BOOKLET

**ATFC** name:

**ATFC** location:

If found, please return to the centre above








**SYSTEMATIC MEDICATION given (please circle)**

Amoxicillin - date given \_\_\_\_\_ | Albendazole - date given \_\_\_\_\_

Any other medication given/started during admission :

TYPE of visit	DATE of visit	Weight/ MUAC	RUTF		Date of NEXT visit
			RUTF Paste Number of Sachets	BP100 Number of Boxes	
ADM Admission					
FU Follow-up					

**Date of DISCHARGE :** \_\_\_\_\_

Type of EXIT (please circle)

Cured | Deteriorated (-> ITFC) | Referral out | Non-respondent |  
Disqualified | Defaulter | Death

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Internal Intersectional Document