Booklet No. 001



Intergrated Community Case Management Program (ICCM) Community Based Distributor Patient Register

| | | Community Based Distributor Patient Register | | | | | | | | | | | | | | |
|----|-------------------------------------|--|--------|---------------------------------|--------------|--|--|----------------------|-----------|----|-----------|-----------------|--|---------------|---|-----|
| | CBD number: CBD Supervisor name: | | | | | | | | | C | | | | | Reporting mon Organisation: _ Payam/Boma: | |
| | CBD Supervisor number : | | | - | | | | | | | | | | | Supporting Hea | ali |
| | | Sex | | Age 2-11 Months 12-59 Months | | | Assessment and Classification Danger Signs Fever Cough/Fast Breathing Diarrhoea Malnutrition | | | | <u> </u> | | | | | |
| | | Male | Female | 2-11 Months | 12-59 Months | Danger Signs | Fever | Cough/Fast Breathing | Diarrhoea | Ma | Inutritio | on | | AS+ | AQ | ┝ |
| No | Patient Name | Ô | Â | Ro. | Ŗ | DANGER SIGN PRESENT GO TO PMCUIC | | | S. | | ļ | tron - national | | | C. Land | |
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Comments

Signature.....

Total

nth/year: _____

alth Facility:

| ealth Facility: | | | | | | | | | | | |
|-----------------|--------------------------|---|-----|------|------------------|--|--|--|--|--|--|
| | Treatment Given Referral | | | | | | | | | | |
| | | kicillin | ORS | Zinc | neienai | | | | | | |
| | AMOUCHIN THATEST CA | ANONCLUM FAMILYS (OF OOL SUPPRISON OF YES NG | | | REAL PROPERTY OF | | | | | | |
| | Infant | Toddler | | | | | | | | | |
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