

Annex 3**Nutrition Clinic Register**

This register should be maintained in a CR book which should be divided into sections according to the number of target groups. The number of pages required for each target group should be decided by the estimated number of clients from each category in the MOH area. The pages should be ruled according to the following format.

Page 1

Serial No.	Id. No.	PHM area/ School*	Name of the client	Address**	Age	Male/ Female	T. phone number	Problems identified	Action taken
1									
2									
3									
4									
5									

Page 2

Follow up clinic visit 1			Follow up clinic visit 2			Follow up clinic visit 3			Date of discharge from clinic
Date of appointment	Progress +/-	Action taken	Date of appointment	Progress +/-	Action taken	Date of appointment	Progress +/-	Action taken	
Date of visit			Date of visit			Date of visit			

*PHI area children who do not attend school

**Name of the caregiver in case of a child

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Instructions to fill the register

- 1- Serial Number
- 2- Identification number –Code/Serial Number
(e.g. C 8)

The Codes should be as follows;

Target group	Code
Pregnant women	P
Lactating mothers	L
Child under 5 years of age	C
School child	S
School age child not attending school	A
Eligible couples	E

- 3- PHM area/School (For school age children not attending school, enter the PHI area)
- 4- Name
- 5- Address (with the name of the parent/caregiver in case of a child)
- 6- Age
- 7- Male/Female
- 8- Telephone number
- 9- Problems identified – Nutritional problems identified
(E.g. XO, XX etc. in a child).

10- Action taken

11- Follow up clinic visits (need to provide space for several visits)

- The date of appointment
(the date given for the next appointment should be entered before the client leaves the nutrition clinic)
- The date of visit
(the actual date of the client's follow up visit to the clinic should be filled on the day of the visit on registration)
- Progress +/-
Progress + → if there is at least some progress in the growth/nutritional status or in a recommended behavior change
Progress - → if there is no progress at all in growth/nutritional status or in a recommended behavior change

- Action taken

12- The date of discharge from clinic – The date of discharge from the nutrition clinic should be written very clearly.

