

FISTULA CLIENT CARD

OPD NO..... IPD NO.....

Surname..... Other Name.....

Date of Birth..... Age..... Parity.....

District..... Sub-county..... Village.....

Date of Admission..... Date of Discharge.....

Diagnosis.....

Treatment or operation done.....

Outcome of fistula treatment (by dye test) at:

Discharge.....

6 weeks.....

3 months.....

Future delivery recommendations.....

Behind Card: Follow-up and comments (5 appointments)