CHW/CORPs Client Family Planning Register

CHW NAME: _____ CHW Telephone: _____ MONTH/YEAR : _____

CHW/CORPs ID #: _____ Did the CHW Experience stock outs this month? YES _____ NO____ If Yes, which method(s) stocked out? _____

PARISH: _____ VILLAGE: _____ HEALTH CENTER: _____

NUMBERS OF CONDOMS DISPENSED TO COMMUNITY DISPENSORS		
Dispensing location	# of pieces	
	Male Condoms	Female Condoms

S/N	Visit Date (DD/MM/YYYY)	CLIENT BIODATA							SERVICES PROVIDED/METHODS DISPENSED TODAY																	REFERRED?		New Client to VHT or Returning Client to VHT?	COMMENTS	Time Spent (minutes)
		Client Number	Full Name	Gender	Village	Age	Has the Client Used FP Before?		If Yes, Previous method used (specify)	Counseled		No method Dispensed	Condoms (pieces)		Pills by number of cycles		Number of ECP packets	Injectable Contraceptives		DMPA-SC Self Injection Only			Moon Beads	Fertility Awareness Methods (FAM)		YES/NO (Y/N)	Reason for Referral			
				M or F			NO	YES		Yes (individual)	Yes (Couple)		Male condoms	Female condoms	COC cycles	POP cycles	Revoke	DMPA-IM	DMPA -SC	Who gave the injection? (CLIENT/VHT)	Client ready for independent injection? (Y/N)	# of Doses taken for Self Injection		LAM	SDM			New (N)/ Returning (R)		
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