

Facility Name:	
MFL Code:	
Sub-County	
County:	
Department	
Start Date:	

<u>Serial No</u>	<u>Column</u>	<u>Instructions</u>
1	SNO	Write a numerical number e.g: 1,2,3....
2	CCC NO	Write down the CCC number of the client on follow-up
3	CLIENT NAME	Full name of the client
4	AGE	DD/MM/YY
5	SEX	M for Male or F for Female
6	HOME LOCATION	This is where the client is currently living
7	CAREGIVER NAME/ TREATMENT SUPPORTER	Name of the main caregiver to a child or adolescent client. If the client is an adult, treatment supporter
8	OCCUPATION	Occupation of adult client/ or caregiver to the child/adolescent
9	PHONE CONTACT ( CLIENT)	Phone contact (s) of client
10	PHONE CONTACT (ALTERNATIVE)	Phone contact of caregiver/treatment supporter ( alternative phone contact)
11	CASE MANAGER	Name of the casemanager assigned to followup the client
11	DATE OF VISIT	Write the date the client attended the clinic or home visit was made
12	INTERVENTION PROVIDED	Write the code of intervention provided on each clinic/home visit
13	FINAL OUT COME	Write the code of the final outcome after 6 months of case management
14	COMMENTS	Write any comments that would give more insight to the client and their followup

