Name of the Community actor:

Type of activities:

Talk: Individual Interview Home Visit

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Date | Identity | Activities | | | Type of patient | | Types of  PEC | Observations |
|  |  |  | C. | E.I | V.AD | HTA | No  status |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

Abbreviations:

V.S: follow-up visit

E.I: Individual interview

V.A.D : Home visit

H.T.A: High blood pressure

P.E.C: Support

REFERENCE SHEET

REGION OF: ..................... HEALTH DISTRICT OF: ......... HEALTH POST Name structure (health box, Site): .......................

Date:....................................... Time of reference: ............ Registration number in the register ..................... First name(s) and surname of the Community actor: ..............................

First name(s) and Last name of the person referred :.......... Age:.................................

Name of the Village (specify exact address/Telephone): ..................... Signs and complaints: .........................

Reasons for reference................

Capillary blood glucose: ..............................

Blood pressure:.........................

Reference structure............ Signature of the Community actor: ................

COUNTER-REFERENCE SHEET

First name(s) and Last name of the provider........................ Function.......................

Referred by ............. the......................

Regarded: ............

Registration number in the register of the structure: ........................... Diagnosis:................................................ Prescribed treatment........................

Recommendations for follow-up at Community level

………………………………………………………………………………………………………………………………………… ……………………………………………………………………….

SIGNATURE: