

OLJABET HOSPITAL NYAHURURU



2023 CALENDAR

JANUARY							FEBRUARY							MARCH							APRIL							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
1	2	3	4	5	6	7				1	2	3	4				1	2	3	4							1	
8	9	10	11	12	13	14	5	6	7	8	9	10	11	5	6	7	8	9	10	11	2	3	4	5	6	7	8	
15	16	17	18	19	20	21	12	13	14	15	16	17	18	12	13	14	15	16	17	18	9	10	11	12	13	14	15	
22	23	24	25	26	27	28	19	20	21	22	23	24	25	19	20	21	22	23	24	25	16	17	18	19	20	21	22	
29	30	31					26	27	28					26	27	28	29	30	31		23	24	25	26	27	28	29	
																					30							
MAY							JUNE							JULY							AUGUST							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
	1	2	3	4	5	6					1	2	3						1	2	3	4	5					
7	8	9	10	11	12	13	7	8	9	10	11	12	13	2	3	4	5	6	7	8	6	7	8	9	10	11	12	
14	15	16	17	18	19	20	14	15	16	17	18	19	20	9	10	11	12	13	14	15	13	14	15	16	17	18	19	
21	22	23	24	25	26	27	21	22	23	24	25	26	27	16	17	18	19	20	21	22	20	21	22	23	24	25	26	
28	29	30	31				28	29	30					23	24	25	26	27	28	29	27	28	29	30	31			
														30	31													
SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
						1	1	2	3	4	5	6	7						1	2	3	4					1	2
5	6	7	8	9	10	11	8	9	10	11	12	13	14	5	6	7	8	9	10	11	5	6	7	8	9	10	11	
12	13	14	15	16	17	18	15	16	17	18	19	20	21	12	13	14	15	16	17	18	12	13	14	15	16	17	18	
19	20	21	22	23	24	25	22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23	
26	27	28	29	30			29	30	31					26	27	28	29	30			24	25	26	27	28	29	30	
																					31							

PREPARED BY: IT DATE:01/01/2023 DATE OF NEXT REVIEW: 31/12/2023 VERSION:7.1

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SPECIAL CLINIC FILE

COUNSELLING DEPARTMENT

NAME.....

AGE ____ GENDER ____ CONTACT ____

ID NO..... RESIDENT ____

MEMBER NO..... M.O.P.....

NOK.....

NOK CONTACTS

COUNSELOR.....SIGN.....

STRICTLY CONFIDENTIAL