

Republic of Kenya
Ministry of Health
FORM 3G VER. APRIL 2023
MEDICALLY ASSISTED THERAPY TRANSFER/TRANSIT FORM

CLIENT'S DETAILS

Facility Name	Kombani Mat Clinic
MFL Code	23368
County	Kwale
Sub County	Matuga
Client Name	ALI BAKARI JOBWE
MAT ID	23368MAT00001
Sex	Male
Date of Birth	1980-06-15
Client Phone	0112233564
MAT Clinic Enrolled In	Kombani MAT Clinic
MAT Enrollment Date	1970-01-01
Referral Date	2025-11-24
Type of Movement	Transfer Out
From (Referral Site)	Kombani MAT Clinic
To (Dispensing Site)	Kisauni HC

TRANSFER NOTES

Reason for Transfer/Transit	NAD
Clinical & Drug Use History	NAD
Psychosocial Background	NAD
Laboratory Investigations	NAD
Vaccinations	NAD
Diagnosis	NAD
Current Dose	90
Date Last Administered	2025-11-24T10:36
Other Medications	ARVs

TREATMENT TEAM

Designation	Name	Organization	Signature	Date
MAT Clinician	Clinician Clinician	MAT clinic	CC	2025-11-24
MAT Counselor	User Admin	MAT clinic	UA	2025-11-24