

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

CLIENT'S DETAILS

|                        |                      |
|------------------------|----------------------|
| Facility Name          | Karuri Health Centre |
| MFL Code               |                      |
| County                 | Kiambu               |
| Sub County             | Kiambaa              |
| Client Name            | EDWIN WARIUKI NJUGI  |
| MAT ID                 | 10507MAT0065         |
| Sex                    | Male                 |
| Date of Birth          | 1982-09-29           |
| Client Phone           |                      |
| MAT Clinic Enrolled In | Karuri MAT Clinic    |
| MAT Enrollment Date    | 2020-08-01           |
| Referral Date          | 2025-12-04           |
| Type of Movement       | Transfer Out         |
| From (Referral Site)   | Karuri MAT Clinic    |
| To (Dispensing Site)   | Mathare MAT clinic   |

TRANSFER NOTES

|                             |                  |
|-----------------------------|------------------|
| Reason for Transfer/Transit | Testing          |
| Clinical & Drug Use History | bb               |
| Psychosocial Background     | bbb              |
| Laboratory Investigations   | bbb              |
| Vaccinations                | bbb              |
| Diagnosis                   | bbb              |
| Current Dose                | 70               |
| Date Last Administered      | 2025-12-04T11:22 |
| Other Medications           |                  |

TREATMENT TEAM

| Designation   | Name         | Organization | Signature | Date       |
|---------------|--------------|--------------|-----------|------------|
| MAT Clinician | Lyani Sitti  | nnn          | nnn       | 2025-12-04 |
| MAT Counselor | Peter Kiburi | nnnn         | nnnn      | 2025-12-04 |