

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

CLIENT'S DETAILS

Facility Name	Ruiru Sub-County Hospital
MFL Code	
County	Kiambu
Sub County	Ruiru
Client Name	Test Client
MAT ID	RUIRU0001
Sex	Female
Date of Birth	2010-08-02
Client Phone	
MAT Clinic Enrolled In	Kombani Mat Clinic
MAT Enrollment Date	2025-12-03
Referral Date	2025-12-03
Type of Movement	Transfer Out
From (Referral Site)	Kombani Mat Clinic
To (Dispensing Site)	Nagara MAT clinic

TRANSFER NOTES

Reason for Transfer/Transit	Self request
Clinical & Drug Use History	NAD
Psychosocial Background	NAD
Laboratory Investigations	NAD
Vaccinations	NAD
Diagnosis	NAD
Current Dose	Methadone
Date Last Administered	2025-12-03T12:02
Other Medications	

TREATMENT TEAM

Designation	Name	Organization	Signature	Date
MAT Clinician	Lyani Sitti	other	cc	2025-12-03
MAT Counselor	Peter Kiburi	other	cc	2025-12-03