

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

CLIENT'S DETAILS

| | |
|------------------------|------------------------|
| Facility Name | Thika Level 5 Hospital |
| MFL Code | |
| County | Kiambu |
| Sub County | Thika Town |
| Client Name | BONIFACE NGUGI |
| MAT ID | 11094MAT0009 |
| Sex | Male |
| Date of Birth | 1989-07-24 |
| Client Phone | |
| MAT Clinic Enrolled In | Thika MAT Clinic |
| MAT Enrollment Date | 2023-09-13 |
| Referral Date | 2025-12-02 |
| Type of Movement | Transfer Out |
| From (Referral Site) | Thika MAT Clinic |
| To (Dispensing Site) | Mombasa |

TRANSFER NOTES

| | |
|-----------------------------|------------------|
| Reason for Transfer/Transit | NAD |
| Clinical & Drug Use History | NAD |
| Psychosocial Background | NAD |
| Laboratory Investigations | NAD |
| Vaccinations | NAD |
| Diagnosis | NAD |
| Current Dose | 80 |
| Date Last Administered | 2025-11-04T00:21 |
| Other Medications | |

TREATMENT TEAM

| Designation | Name | Organization | Signature | Date |
|---------------|---------------------|------------------------|-----------|------------|
| MAT Clinician | Clinician Clinician | Thika Level 5 Hospital | UA | 2025-12-02 |
| MAT Counselor | Bati Bati | Thika Level 5 Hospital | bb | 2025-12-02 |