MEDICALLY ASSISTED THERAPY (MAT) LAB REGISTER

Barbiturates	BBT/BAR
Amphetamine	AMP
Drug	Code
	ility Name:
	Faci

DATE	DATE OF MAT ENROLLEMENT			Clients De	Clients Demographics		Marital Status	Type of client	Mode of Drug Use		
			First Name	First Name Second Name	Sirname	Sex A	Age Single, Married,	New, Reinduction,Routine,	PW/UD,PW/D	HIV testing	HBV
S	Date (dd/mm/yyyy)	MATID	Given Name	Given Name Family Name	Fathers Name M,F,TG		Divorced, Widowed			(+VE,-VE, ND,NA)	(+VE,-VE, N
	-										
7											
8											
4											
5											
9											
	7										-
	00										
	6										1
10	0										1
11											1
12	2										1
13	3										1
14	1										1
15	2										1
16	9										1
17											1
18	90										1
61	9										1
2											1
Name of Street	and an incident control of the contr										