

Sample Consultation Form with Feeding Prescription

HEALTH CENTER: _____		File number
<u>Consultation Form</u>		
NAME		AGE.....
ADDRESS		SEX.....
DATE/TIME	CLINICAL EXAM	OBSERVATIONS
	Main complaints:	Weight: Height: Temp.: Pulse: Resp. Rate: Lab results :
	Physical examination:	
	Diagnosis:	
TREATMENT		
Medications:	Feeding : <u>During illness :</u> Continue to offer food (including breastmilk for babies) (Urdu) <u>For 2 weeks after:</u> Offer more than usual (Urdu)	
Name of provider: _____		