

Referral Slip

N°

COUPLES NIGHTS
ATTENDED:

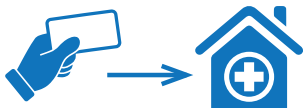
- ☐ 1ST
☐ 2ND
☐ 3RD

FACILITY
CATCHMENT AREA:

N°

TOGETHER WE CAN

A package to foster client-centered family planning



Referral Slip

Bring this slip to the health center
during your family planning
consultation



USAID
FROM THE AMERICAN PEOPLE

Breakthrough
ACTION
FOR SOCIAL & BEHAVIOR CHANGE

To be filled out by the person giving the slip:

N°

FACILITY CATCHMENT AREA:

COUPLES NIGHTS
ATTENDED:

- ☐ 1ST
☐ 2ND
☐ 3RD

To be filled out by the
provider at the facility:

CLIENT ☐ NEW ☐ EXISTING

This person came to the health center for the following reason:

☐

IUD

☐

Pills

☐

Sayana Press

☐

Cycle Beads

☐

Implant

☐

Injectables

☐

Condom

☐

Consultation

AGE ☐ 15-19 YEARS ☐ 30+
☐ 20-24 YEARS ☐ PFPP
☐ 25-29 YEARS

CLIENT COUPLE ☐
FEMALE ☐
MALE ☐