Patient Information

1) Clinic Information _____   File no. _____

2) Child's last name _____   Child's first name _____

3) Sex (check)   ☐ Male   ☐ Female   Date of admission _____

4) Birth date _____ ☐ Date confirmed?

5) Mid-Upper Arm Circumference (in mm) _____

6) Height (in cm) _____ ☐ Lying down? ☐ Standing?

7) Weight (in kg) _____

8) Final weight to reach (in kg) _____

9) Admission criteria (check all that apply)

10) Contract signed ☐   Yes   ☐   No

☐	Weight/Height (MAM) Edema + ++ +++
☐	Weight /Height (SAM) ☐ Other : _____

11) Name of parent or guardian_____

12) In which zone/area do you live? _____

Visit no.	1	2	3	4	5	6	7	8	9	10	11	12
Date												
Weight (in kilos)												
Height (in cm)												
Appetite: B = good, M = bad, A = anorexic												
Diarrhea? (Yes/No)												
Dehydration? (Yes/No)												
Dyspnea? (Yes/No)												
Cough? (Yes/No)												
Fever? (Yes/No)												
Medication Administration												
Mamba (# of sachets)												
Albendazole (Yes/No)												
Amoxicillin (Yes/No)												
Chlorine/Aquatabs (Yes/No)												
Oral rehydration salts? (Yes/No)												
Other(Yes/No) If yes, explain in the notes												

Notes (Please write the nurse's name at each visit)

Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6

Visit 7	Visit 8	Visit 9	Visit 10	Visit 11	Visit 12

Discharge Information

13)

☐ Reached goal weight	☐ Abandoned the program (> 2 absences)
☐ Did not reach projected weight	☐ Death Other _____
☐ Hospitalized for malnutrition	☐ Hospitalized for another reason

Notes:

_____

_____

_____