

## FORM FF: Clinic Daily Summary Sheet

Name of the Physician: -----

Name of the clinic: -----, Address of the clinic:-----,

Phone/Mobile No:-----.

Date: -----

Sl . No.	ID No.	Name of the patient	Address	Sex (M/F/TG)	Age	Typology of the HRG (F/M/C/T/G*	New / Old**	Diagnosis	Treatment given	Follow up date	Remarks

### Guidelines

\*Typology of HRG

“F” = Female Sex Worker. , “M” = MSM., “C” = client of the HRG., “T” = Trucker , “G” = Migrant.

\*\* **New** = Community Member visited for the first time to the clinic during the project period

**Old** = Any community member who has come for the second time to the clinic is treated as old.

NOTE: The requisite information will be transferred from the each network clinic format on day to day basis who have visited the clinic. The ANM (in the absence of ANM, the counsellor) will be the responsible to fill in this sheet.

## FORM FF: Patient Wise STI/RTI drug distribution

Date:

Sl No	Name of patient	Index No.	Age	Name of the Drug ( Number dispensed)						
				Azithromycin	Cefexime	Metronidazole	Doxycycline Inj.	Penicelline.	Acyclovir	Fluconazole
1										
2										
3										
4										
5										
6										
7										
8										
9										
10	Total									

Frequency: on day to day basis.