Sample NACS Client Management Forms

	NACS Client Card																								
Fa	Facility name Facility code																								
Cl	Client name Sex (tick one ☑): ☐ M ☐ F															:									
	Age (years) Age group (<i>tick one</i> ☑): □ 0-< 6 months □ 6-59 months □ 5-14 years □ 15-17 years □ ≥ 18 years																								
	Transferred from) Date//_ Transferred to Date//_																								
	Referred to Date/																								
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						-age	ટક	а?	onths	n?		st	tatu	ona Is 2 🗹		foo	od p	alize rodi ribe	uct	Exit reason (tick one ☑)					
			Length/height (cm)	Weight (kg)	MUAC (cm)	WHZ, BMI, or BMI-for-age	Medical complications?	Bilateral pitting edema?	Pregnant or up to 6 months postpartum?	Counseled on nutrition?	SAM inpatient	1 outpatient	M	Normal	rweight/obese	F-75	00	щ		Graduated	Lost to follow-up	d	Transferred	Treatment failure	
	Visit no.	Date	Leng	Wei	MU	WH	Med	Bilat	Preg post	Cou	SAN	SAN	MAI	Nor	Ove	F-75	F-100	RUTF	FBF	Grad	Lost	Died	Trar	Trea	
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NACS Client Card

	NACS client number
Facility name	Facility code
Client name	Sex (tick one ☑): □M □F
Entry point into NACS	(tick one ☑): ☐ PMTCT ☐ ART ☐ TB ☐ MCH ☐ Other
Age (years)	Age group (tick one ☑): ☐0 to < 6 months ☐ 6 to 59 months ☐ 5 to 14 years ☐ 15 to 17 years ☐ 18+ years
Transferred to (facility	name) Date/

	Date						Tick ☑	lif yes		Nutritional status						antity of	snecial	lized							
								Pregnant or up to 6 months post-partum?								food product prescribed				Exit reason (tick one ☑)					
Visit no.		Length/height(cm)	Weight(kg)	MUAC (cm)	WHZ or BMI	Medical complications?	Bilateral pitting oedema?		Counselled on nutrition?	SAM Inpatient	SAM Outpatient	MAM	Normal	Overweight/ Obese	F-75	F-100	RUTF (92 g packets)	FBF (packets)	Graduated	Lost to follow-up	Died	Transferred	Treatment failure		
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Nutrition Assessment and Management Form

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Region					ub-re	gion_				F	lealth	facili	ty nar	me							lealth	facil	ity co	de		
Entry point	into NA	CS (tic	k one 🛭	☑): □	RCH	□PM ⁻	гст [⊐мсн	□ C	гс 🗆	TB/DC	DTS	⊐мν	′C □	Othe	r										
Client ID nu	mber					_ Sex	(tick	one 🗹): □№	I□F																
HIV status (_	-		-		child ((statu	s unk	nowr	1)											
Age (month					_					•		•			•	□ 24-	-59 m	onths	5 □ 5	-14 y	ears [☐ 1 5-	-17 y	ears 🗆] 18-	+ yea
Transferred																				,			,			•
If specialize													_/_	_/_	_ Nui	mber	of we	eks or	n trea	tmen	t					
	(X/N)	(N/N))	.⊠if	k ⊡if		Nutrit	tional	status		Amount of specialised food product given					Follow-up status (tio			•	(2)
Date Visit (dd/mn yy)	<u></u>	Medical complications? (Y/N)	Appetite? (Y/N)	Length/height (cm)	Weight (kg)	MUAC (cm)	WHZ	BMI or BMI-for-age	Pregnant? (tick 区 if yes)	Counselled on diet? ($tick oxtimes if$ yes)	Counselled on IYCF (<i>tick</i> ⊠ <i>if</i> yes)	SAM outpatient	SAM outpatient	MAM	Normal	Overweight/obese	F-75 (packets)	F-100 (packets)	RUTF (packets)	FBF or RUSF (packet)	Linked to community service	Treatment failure ¹	Graduated ²	Missed appointment (> 2 weeks)	Lost to follow-up ³	Died
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Community Nutrition Assessment, Counselling and Support (NACS) Client Form

						Nutrit assessr		Classification of	Refe	rral to	Coun	seling	Comment
Client's name/address	File number	Age	Sex	ART#	Visit date (dd/mm/yy)	Bilateral pitting oedema	MUAC (cm)	nutritional status (see next page)	Clinic	Other	Yes	No	
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