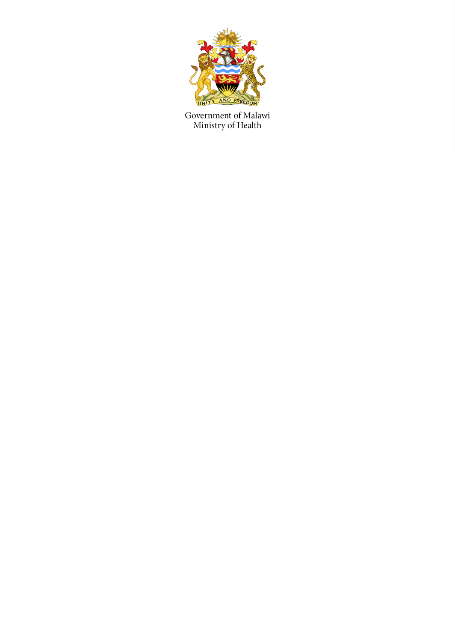
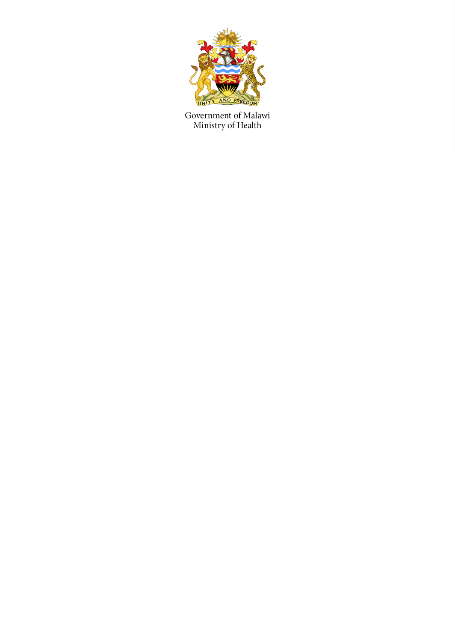
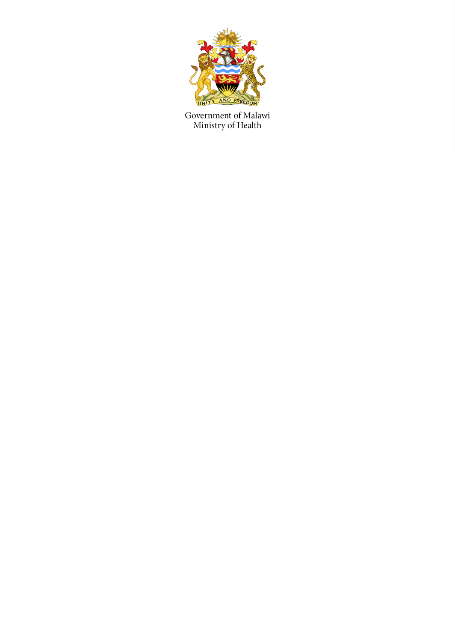


## Referral Form To and From Outpatient Therapeutic Program (OTP) and Nutrition Rehabilitation Unit (NRU)

**Referral Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of child** |  | | | | | **Registration #** | | |  | | | |
| **Date of referral** |  | | | | | **Time** | | |  | | | |
| **Initial treatment facility name** |  | | | | | **OTP *(tick as appropriate*): ☐** | | | | **NRU (*tick as appropriate*): ☐** | | |
| **Referral treatment facility name** |  | | | | | **OTP *(tick as appropriate)*: ☐** | | | | **NRU *(tick as appropriate)*: ☐** | | |
| **Age** |  | **Oedema** |  | **MUAC** |  | | **WFH/L** |  | | | **Temp-erature** |  |
| **Reason for referral** |  | | | | | | | | | | | |
| **Treatment given before referral** |  | | | | | | | | | | | |
| **Name of person referring child** |  | | | | | | | | | | | |
| **Position** |  | | | | | | | | | | | |
| **Signature** |  | | | | | | | | | | | |

****

**Referral Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of child** |  | | | | | **Registration #** | | |  | | | |
| **Date of referral** |  | | | | | **Time** | | |  | | | |
| **Initial treatment facility name** |  | | | | | **OTP *(tick as appropriate*): ☐** | | | | **NRU (*tick as appropriate*): ☐** | | |
| **Referral treatment facility name** |  | | | | | **OTP *(tick as appropriate)*: ☐** | | | | **NRU *(tick as appropriate)*: ☐** | | |
| **Age** |  | **Oedema** |  | **MUAC** |  | | **WFH/L** |  | | | **Temp-erature** |  |
| **Reason for referral** |  | | | | | | | | | | | |
| **Treatment given before referral** |  | | | | | | | | | | | |
| **Name of person referring child** |  | | | | | | | | | | | |
| **Position** |  | | | | | | | | | | | |
| **Signature** |  | | | | | | | | | | | |