

PATIENT LOCATOR

Date / /
Day Month Year

Patient ID - - -
District Facility Serial no.

Facility ID (if different)
 Clinic code

Patient Last Name _____ Patient First Name _____

TYPE OF ENTRY New Patient Transfer in, specify facility: _____ Update information only

For transfer patient with records, complete only parts that have changed; if transfer patient does not have records, treat as a new patient

BACKGROUND

Place of birth: _____ Name patient goes by: _____
 Chief at birth: _____ Surname before marriage (if married): _____

Marital status:
 Never married
 Married
 Divorced
 Widowed

Patient's education level: None Highest grade (1-12): _____ College/University
 Patient's occupation: _____
 Patient's employer: _____
 Patient's workplace: _____
 Estimated household income per month:
 < 50,000 50,000-99,999 100,000-199,999 200,000-499,999 > 500,000

ADDRESS

Current Permanent Supporter Neighbor Parent Provider Current Permanent Supporter Neighbor Parent Provider

House number/plot number _____	House number/plot number _____
Street name _____	Street name _____
Township/compound _____	Township/compound _____
Village _____	Village _____
Chief _____	Chief _____
Telephone _____	Telephone _____

HOUSEHOLD

Children

Others in household

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EMERGENCY CONTACT

Name _____
 Relation to patient _____
 House number/plot number _____
 Street name _____
 Township/compound _____
 Village _____
 Chief _____
 Telephone _____

TREATMENT SUPPORTERS

Name	Relation to patient	Phone/contact info	Lives in same household? Y/N
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REMEMBER TO DRAW MAP ON SECOND SHEET OF FORM

DIRECTIONS

Please provide very detailed directions on how to reach the patient's house by foot from the clinic

MAP

Clerk initial

Staff ID

Staff signature