

FORM H: REFERRAL SLIPS

1

(Slip for Facility/ referral center)

-Name of the project / TI-

-Address-

Slip Number:

Client I.D. No. : _____

Referred to which type of Facility: _____

Name of the Facility: _____

Address of the facility

* Referred by (Name): _____

Date of referral:

Reason for Referral:

Syphilis results:

Name of the accompanying person (if any)

(Signature of the TI staff-in-charge)

(Signature of the staff-in-charge
of the referral centre)

2

(Slip for NGO / TI)

-Name of the project / TI-

-Address-

Slip Number:

Client I.D. No. : _____

Referred to which type of Facility: _____

Name of the Facility: _____

Address of the facility

* Referred by (Name): _____

Date of referral:

Reason for Referral:

Syphilis results:

Name of the accompanying person (if any)

(Signature of the TI staff-in-charge)

(Signature of the staff-in-charge
of the referral centre)

3

(Slip for the client)

-Name of the project / TI-

-Address-

Slip Number:

Client I.D. No. : _____

Referred to which type of Facility: _____

Name of the Facility: _____

Address of the facility

* Referred by (Name): _____

Date of referral:

Reason for Referral:

Syphilis results:

Name of the accompanying person (if any)

(Signature of the TI staff-in-charge)

(Signature of the staff-in-charge
of the referral centre)

* Referred by: ORW, PE, Counselor, ANM, Project Manager.

The referral slips should be prepared in triplicate:

Slip 1: to be retained at the referred centre

Slip 2: to be collected by the Programme manager / Counsellor of the TI from the referred centre
at the end of every reporting month

Slip 3: to be given by the referred centre back to the client after providing services for which the
client has been referred