

PART I

Name of Client _____

Address _____

Date Coupon Issued _____

Coupon Number _____

PART II

To be returned after follow-up visit.

A. Client accepted

Date of follow up _____

1. Have there been any changes in Client? Good? Bad? Explain.
-
- _____
-
- _____

2. Did vasectomy patient get sperm count? Yes ____ No ____

3. Will Client issue coupon?

Yes ____ No ____

B. Client did not acceptWhat are the reasons the client lists for not accepting?

Coupon Number _____

PART III – STERILIZATION COUPON

Name of Client _____

Address _____

Age ____ No. of living Children ____

Boys ____ Girls ____

Age of Spouse ____

Education None ____ Primary ____

Secondary ____ High School ____

Do you want any more children?

Yes ____ No ____

Have you previously used contraception?

Yes ____ No ____

If yes, what type?

IUD ____ Oral Pill ____

Condom ____ Other ____

Date of operation _____

Type of operation _____

Name of clinic _____

Name of doctor _____

Address _____

_____Codes

Organization _____

Province _____

Clinic _____

Acceptor _____

Coupon Number _____

PART IV

This coupon entitles Mr./Mrs. _____ to a free sterilization.

Date of payment _____

1. With the consent of my spouse, I have have decided to have a sterilization to avoid any more pregnancies.
-
- _____
-
- (Signature of Person Sterilized)

2. I, Dr. _____ have performed a vasectomy/tubectomy and received _____ in payment.
-
- _____
-
- (Doctor's Signature)

3. I, _____, assisted the Doctor with the operation _____.
-
- _____
-
- (Signature of Assistant)

4. I have provided the education and received _____ travel and per diem expense.
-
- _____
-
- (Signature of Motivator)

5. I have paid the amounts specified.
-
- _____
-
- (Signature of Accountant)