

PART I

Name of Client _____

Address _____

City or Village _____

Date Coupon Issued _____

Coupon Number _____

PART II

To be returned after follow-up visit.

1. Client accepted oral pill

How many cycles has she taken?

Where did she get the oral pill?

2. Client did not accept oral pillWhy did the client not accept
the oral pill? _____3. What improvements should
be made in the program?_____

Name of Agent _____

Coupon Number _____

PART III – ORAL PILL COUPON

1. To be filled in by a Referral Agent

Name of Client _____

Address _____

Age ____ Number of living Children ____

Boys ____ Girls ____

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? _____

2. To be filled in by Doctor

Date of prescription _____

Type of pill taken _____

Where does client plan to go for
resupplies? _____Was clinic record card completed and
given to acceptor to take to Resupply
Agent? Yes ____ No ____

Type of Medical Practitioner?

Ob/Gyn ____ General Practitioner ____

Nurse ____ Nurse Midwife ____

Codes

Organization _____

Province _____

Clinic _____

Acceptor _____

Coupon Number _____

PART IVThe client was charged _____ for the
prescription._____
(Doctor's Signature)

I received a prescription of oral pills.

(Client's Signature or Thumb Print)_____
(Auditor's Signature)