

REPUBLIC OF KENYA



MINISTRY OF HEALTH

ISONIAZID PREVENTIVE THERAPY (IPT) CLIENT APPOINTMENT CARD

Unit Serial No. _____ CCC No. _____

County	sub-County
Facility	IPT Reg No.

Name			
Age		Male	
Cellphone No.		Female	

	OUTCOME	(TICK ✓)	DATE
IPT Outcome (Tick ✓) and date	Completed		
	Discontinued**		
	Defaulted		
	Transferred Out		

Reason for discontinuation (Tick ✓)	
Adverse drug reaction	
Non-adherence	
Developed active TB	
Others	

March 2016

DRUG COLLECTION

Date of Collection	Date Due

NOTES

