Date of consultation	/ /
Name of patient	
Date of birth	/ /
Sex	
Clinic ID number	

For regular follow up visit.

A. How was your child doing since the last visit?

☐ Got better ☐ Unchanged ☐ Got worse

B. Has he/she used the prescribed regular medicine? Please circle if applicable.

☐ Mostly ☐ Sometimes ☐ Almost never

C. Does he/she have any new symptoms since the last visit?

( )

Thank you for filling out.