**Psychosocial counsellor intervention (when required):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Intervention** | **Next appt.** | **Sign.** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Medication (step IV):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Medication** | **Next appt.** | **Sign.** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Referral inside health centre:**

|  |  |  |
| --- | --- | --- |
| **Date** | **From** | **To** |
|  |  |  |
|  |  |  |
|  |  |  |

**Referral outside health centre (step V):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **To** | **Reason for referral** | **Sign.** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Closing the file:**

|  |  |  |
| --- | --- | --- |
| **Date** | **Condition at closing file** | **Sign.** |
|  |  |  |