1.3 Community Trigger & Referral Form

Section A Referral [Community → Facility]   *to be triaged immediately*

The CHA/CHV fills this out, and submit to the Health facility (CHSS, OIC, SFP)

Patient Name: _____

District: _____

Sex: ◯ Male   ◯ Female

Date (DD/MM/YYYY): _____

Patient Age: ◯ Years   ◯ Months

Crossed Int. Border in last 1 month   ◯ Y ◯ N

Community: _____

County _____

Facility or POE: _____

CHA/V Name: _____

CHA/V Phone Number: _____

IDSR-ID: _____
(Filled by Health Facility)

Priority Disease Triggers

① Acute flaccid paralysis (Polio)

② Acute watery diarrhea / Cholera (Runny stomach)

③ Bloody Diarrhea (pu-pu with blood)

④ Human Rabies (Dog bite)

⑤ Measles

⑥ Viral Hemorrhagic Fever (Ebola, Lassa Fever, & Yellow Fever)

◯ Other (write in):

⑦ Meningitis (Stiff neck)

⑧ Maternal Death (Big belly death)

⑨ Neonatal Tetanus (Jerking sickness)

⑩ Neonatal Death (Young baby death)

⑪ Unknown health problems grouped together

⑫ Any death in human or group of animals that you don't know why it happened

Core Referral CHA and or CHV Where Applicable

◯ Family Planning   ◯ Child Health   ◯ Maternal & Infant Health

◯ Mental Health   ◯ Tuberculosis   ◯ Leprosy

◯ Child Vaccination   ◯ HIV   ◯ Buruli Ulcer

◯ Elephantiasis   ◯ Yaws   ◯ Hydrocele

Case description & any danger sign observed

Describe any investigation or treatment

- - - - - - - - - - - Facility Health Worker - Tear Here - - - - - - - - - - -

Section B Counter-Referral   [Facility → Community]

For the Facility Health Worker: He/she should tear at the dotted line above and return to the CHSS to take to the CHA/CHV

Patient Name: _____

Date (DD/MM/YYYY): _____

Facility Worker Name: _____

Facility Worker Phone #: _____

Case Definition Met   ◯ Y ◯ N

CHA/CHV Name: _____

Community: _____

Health Facility: _____

Facility Worker Position: _____

IDSR-ID: _____

Follow up plan & instructions to CHA/CHV:

Actions Taken (tick all that apply)

◯ Treated and sent home

◯ Placed in isolation unit

◯ Admitted   ◯   Referred

◯ Sample collected

◯ Other (write in):