



**Clinique de Sante Communautaire
de l'Eglise Chretienne des Cities**
Haiti Outreach Ministries/MICECC



Nom _____ L'Age: _____ H/F

DX: Asthma DM HTN Pregnancy Other:

RX:

DX: Asthma DM HTN Pregnancy Other:

RX:

Return to Clinic: _____
Provider: _____



**Clinique de Sante Communautaire
de l'Eglise Chretienne des Cities**
Haiti Outreach Ministries/MICECC



Nom _____ L'Age: _____ H/F

DX: Asthma DM HTN Pregnancy Other:

RX:

DX: Asthma DM HTN Pregnancy Other:

RX:

Return to Clinic: _____
Provider: _____



**Clinique de Sante Communautaire
de l'Eglise Chretienne des Cities**
Haiti Outreach Ministries/MICECC



Nom _____ L'Age: _____ H/F

DX: Asthma DM HTN Pregnancy Other:

RX:

DX: Asthma DM HTN Pregnancy Other:

RX:

Return to Clinic: _____
Provider: _____



**Clinique de Sante Communautaire
de l'Eglise Chretienne des Cities**
Haiti Outreach Ministries/MICECC



Nom _____ L'Age: _____ H/F

DX: Asthma DM HTN Pregnancy Other:

RX:

DX: Asthma DM HTN Pregnancy Other:

RX:

Return to Clinic: _____
Provider: _____



**Clinique de Sante Communautaire
de l'Eglise Chretienne des Cities**
Haiti Outreach Ministries/MICECC



Nom _____ L'Age: _____ H/F

DX: Asthma DM HTN Pregnancy Other:

RX:

DX: Asthma DM HTN Pregnancy Other:

RX:

Return to Clinic: _____
Provider: _____



**Clinique de Sante Communautaire
de l'Eglise Chretienne des Cities**
Haiti Outreach Ministries/MICECC



Nom _____ L'Age: _____ H/F

DX: Asthma DM HTN Pregnancy Other:

RX:

DX: Asthma DM HTN Pregnancy Other:

RX:

Return to Clinic: _____
Provider: _____