# Patient Family Briefing Record of Nutrition, Immunization & Safe Parenting

Date of Meeting: …….. Time of Meeting: ……..

Patient Name: _____

Gender: ____ Contact: _____

UHID: _____ IPID: _____

Age: _____ D.O.A: _____

| Topic | Discussion |
|---|---|
| **Immunization** | |
| | |
| **Nutrition** | |
| | |
| **Safe Parenting** | |
| | |
| | |
| | |

**Family Members Present**

| Name | Designation | Signature |
|---|---|---|
| | | |
| | | |
| | | |

**Interpreter present**

| Name | Language of Interpretation | Signature |
|---|---|---|
| | | |
| | | |

**Hospital Members Present**

| Name | Relationship to Patient | Signature |
|---|---|---|
| | | |
| | | |
| | | |

## Disclaimer

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