



## TARGET CLIENT LIST FOR FAMILY PLANNING

Year: \_\_\_\_\_

FOLLOW-UP VISITS (Upper Space: Next Service Date / Lower Space: Date Accomplished)												DROP-OUTS		REMARKS/ ACTION TAKEN (10)
(8)												(9)		
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	REASON***	DATE	

**\*\*\*Reasons:**  
 A = Pregnant  
 B = Desire to become pregnant  
 C = Medical complications  
 D = Fear of side effects  
 E = Changed Clinic  
 F = Husband disapproves  
 G = Menopause  
 H = Lost or moved out of the area or residence  
 I = Failed to get supply  
 J = IUD expelled  
 K = Lack of Supply  
 L = Unknown  
**For LAM:**  
 A = Mother had a menstruation within 6 months after delivery  
 B = No longer practicing fully/exclusively breastfeeding  
 C = Baby is more than six (6) months old