

Name _____ Age ____ M F

- Stomach acid Headache
- Stomach ache Worms
- Vomiting Rash, skin itching
- Diarrhea Back pain
- Cold Joint and muscle pain
- Cough Urinary problems
- Sore throat Menstrual problems
- Eyes Pelvic problems
- Ears

Other _____

Rx

Name _____ Age ____ M F

- Stomach acid Headache
- Stomach ache Worms
- Vomiting Rash, skin itching
- Diarrhea Back pain
- Cold Joint and muscle pain
- Cough Urinary problems
- Sore throat Menstrual problems
- Eyes Pelvic problems
- Ears

Other _____

Rx

Number of other people treated who are not at the clinic _____
Prayer requests

Number of other people treated who are not at the clinic _____
Prayer requests

Name _____ Age ____ M F

- Stomach acid Headache
- Stomach ache Worms
- Vomiting Rash, skin itching
- Diarrhea Back pain
- Cold Joint and muscle pain
- Cough Urinary problems
- Sore throat Menstrual problems
- Eyes Pelvic problems
- Ears

Other _____

Rx

Name _____ Age ____ M F

- Stomach acid Headache
- Stomach ache Worms
- Vomiting Rash, skin itching
- Diarrhea Back pain
- Cold Joint and muscle pain
- Cough Urinary problems
- Sore throat Menstrual problems
- Eyes Pelvic problems
- Ears

Other _____

Rx

Number of other people treated who are not at the clinic _____
Prayer requests

Number of other people treated who are not at the clinic _____
Prayer requests