



THE UNIVERSITY OF ZAMBIA  
SCHOOL OF PUBLIC HEALTH  
DEPARTMENT OF COMMUNITY & FAMILY MEDICINE

**REGISTRAR HANDOFF TEMPLATE**

(NAME) is a (AGE/GENDER) with a past medical history of (pertinent PMH, HIV status, etc)  
who presented to Chilenje \_\_\_\_\_ days ago with (abbreviated chief complaint and history with diagnosis).

**Any acute concerns about the patient/concern for decompensation**

**Re-evaluation needed?** (e.g., being treated for sepsis, IVF bolus given and re-evaluation of patient and vitals are due at \_\_\_\_ hours)

**Orders to follow-up on**

**Other information?**