

hospital:.....

Docu Sheet Number: _____

Information Material given to clients: (please name info-material).....

	Language spoken by client	Material given Please note date	Material taken home	Material watched at hospital	Telephone interview Please note contact information	Interview at hospital	No interview conducted
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

Please use one row for each person who gets the information material

**Working Tool / WT 4I
migrant-friendly hospitals**

