MPA CARD
(Antara Program)

Client Card (To be issued to client)

Intramuscular / Subcutaneous (Tick √ the type of MPA administered)

OPD/IPD Number..

Name of Facility..

Client's Name..

Client's Address..

....**Tel. No.**..................

Client's Age..............................**Parity**..............................

Date of Last Child Birth/abortion..

Date of Injection	
Type of Inj. (√): IM	SC
Weight	BP
Menstrual changes: Y	N
Advice	
Due Date of next injection	

Date of Injection	
Type of Inj. (√): IM	SC
Weight	BP
Menstrual changes: Y	N
Advice	
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Type of Inj. (√): IM	SC
Weight	BP
Menstrual changes: Y	N
Advice	
Due Date of next injection	

Record of First MPA Injection (*The first injection should be given under the guidance of trained Doctor*)

Date of Injection	Type (IM/SC)	LMP	Weight	Blood Pressure	Timing of injection-PP/PA/interval	Due Date of next injection

Record of MPA Injection

DMPA Injection	Due Date of Injection	Date of Injection	Type (IM / SC)	Weight	Blood Pressure	Menstrual Changes	Any Complaint	Advice, if any complaint
2nd								
3rd								
4th								
5th								
6th								

Mid Course Follow up Visit

Sno.	Due Date of Follow up	Weight	Blood Pressure	Menstrual Changes	Other Complaint	Advice

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Due Date of next injection	/ /

Date of Injection	/ /
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Weight	BP
Menstrual changes: Y	N
Advice	
Due Date of next injection	/ /

Date of Injection	/ /
Type of Inj. (✓): IM	SC
Weight	BP
Menstrual changes: Y	N
Advice	
Due Date of next injection	/ /

Date of Injection	/ /
Type of Inj. (✓): IM	SC
Weight	BP
Menstrual changes: Y	N
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