

**A****QUERIES - DAILY RECORD****Name of Centre:****Date:**

	Query Description	Sex	Age	P	T	L	E	Referral	Follow-Up	Cat. x Amt.
1	<input type="checkbox"/>									
2	<input type="checkbox"/>									
3	<input type="checkbox"/>									
4	<input type="checkbox"/>									
5	<input type="checkbox"/>									
6	<input type="checkbox"/>									
7	<input type="checkbox"/>									

**Total Clients (with queries)****Total Queries:****N.B. Special Services & Browsers to be recorded on separate Form B**