

SIDE 1: THIS SIDE CONTAINS CLINICAL INFORMATION FOR THE CLINIC

CBDA: FILL IN THIS SECTION BEFORE REFERRING

Name

Date referred to clinic

d d m m y y

THIS SECTION TO BE COMPLETED UPON REGISTRATION AT CLINIC

Date registered at clinic

d d m m y y

National HIV care number -

National ART number -

Facility code ID number Facility code ID number

If TB suspect results of smears: Sputum 1 Pos Neg
Sputum 2 Pos Neg

Started on TB treatment Yes No

WHO staging 1 2 3 4

Blood taken for CD4 Yes No N/A

CD4 Result

Staged by

HIV confirm Positive Negative N/A

HIV care ART Pre-ART

IPT exclusion screen Liver disease Epilepsy Kidney failure N/A

No IPT if any checked N/A

IPT temporary exclusions High alcohol On ART < 3m TB suspect TB patient

No IPT if any checked N/A

IPT decision Start IPT Review 3m Not indicated

IPT rescreen due

d d m m y y

SIDE 2: THIS SIDE SHOULD BE COMPLETED AFTER COMMUNITY POST-TEST

CBDA: FILL IN THIS SECTION USING PS51 and PS52

Booking information (Use PS51 Page 1)

Resident Usual resident Gender Male
 Non-cohab partner Female (non-pregant)
 New resident Female (pregnant)

Age

Place ID barcode here

Who initiated testing? Resident Able to read a newspaper or letter? Resident
 Counsellor Counsellor

Pre-test information (Use PS51 Page 2)

Tested as a couple Yes No If yes, both residents Yes No N/A
 If yes, years together as a couple < 1 yr 1 to 5 yr > 5 yr N/A
 If yes, first couple test Yes No N/A

Ever tested for HIV before Yes No Tested in the last 12 months Yes No
 Ever self-tested before Yes No HTC provided as VCT ST CC ST private Not tested

HEART stage 1/2 3/4 TB suspect Yes No

Post-test information (Use PS52)

Confided result Yes (C) No (NC) Referral HIV care TB