Ministry of Health

Serial No	Date of diagnosis / Service point	Confirmatory retesting at the CCC	Date enrolled to HIV Clinic	Unique Patient Number (CCC Number)
(a)	(b)	(c)	(d)	(e)

Registration

Client Names (First, Middle, Last)	ID Number or Birth Certificate number (<18 years)	Telephone Number Residence/Village/Estate
(f)	(g)	(h)

Treatment Preparation Register

					Prophylaxis and TB Treatment	
Date of Birth (dd/mm/yyyy)	Sex	Status at Enrolment			CTX Start	INH Start
		TB Status		WHO Stage		
Age		Status	Month/year	CD4 Count	(month/year)	Month/year
			TB reg No.			
(i)	(j)	(k)	(l)	(m)	(n)	(o)

Date sample for Baseline Viral Load (<2yr)	Pre-ART work-up Followup Status			
	Treatment preparation should be within one month (Recommended period is 2 weeks)			
	Visit 1	Visit 2	Visit 3	Visit 4
Results	Counseled for ART (Y/N)	Counseled for ART (Y/N)	Counseled for ART (Y/N)	Counseled for ART (Y/N)
	Date counselled	Date counselled	Date counselled	Date counselled
(p)	(q)			

MOH 361 A

Date ART Started (dd/mm/yyyy)	Remarks
(r)	(s)