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| 1CHAP Logo temp | **KZN COMMUNITY TESTING PASSPORT** |
| HOUSEHOLD NUMBER | LOCATION |
|  | Eshowe / Mbongolwane |
| Today’s Date | CHA CODE |
| DD / MM / YYYY |  |
|  |
| **PART 1: HOUSEHOLD INFORMATION** |
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| HH Head - First Name (s): | HH Head Surname: | Gender: | M / F | DOB:DD / MM / YYYY | Age: |
| Area identifier: | Izigodi: | Ward (99 if unknown): | Landmark: |
| Nearest PHC (Which health facility is nearest to the household? |
| ( 1 ) Eshowe Hospital( 2 ) Eshowe Municipal Clinic( 3 ) King DiniZulu Clinic | ( 4 ) Mathungela Clinic( 5 ) Mbongolwane Hospital( 6 ) Ngudwini Clinic | ( 7 ) Nkwalini Clinic( 8 ) Ntumeni Clinic( 9 ) Osungulweni Clinic | ( 10 ) Samungu Clinic( 11 ) Siphilile Clinic( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **PART 2: REGISTRATION AND TESTING** |
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| **1** | **Head of Household:**Yes / No | **First Name(s):** | **Surname:** | **Gender:**M / F |
| **DOB:** | **Age:** | **SA Id Number // Passport Number (non-SA citizens):** | **Can we contact you?** | **Cellphone Number (if answer is YES):** |
| DD / MM / YYYY |  |  |  | Yes / No |  |
| **Previous HIV test:** | **Times Tested:** | **Most recent test date:** | **Last tested at:** | Clinic □ Hospital □ M1SS □ Door-to-door □ Fixed site □MMC Camp □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Yes / No |  | DD / MM / YYYY |
| **Did patient test for HIV?** | **Screening test:** | **Confirmatory test:** | **Overall test result:**  | **TB screening:** | **STI Screening:**  |
| Yes □ Refused □Known HIV+ (on ART) □Known HIV+ (not on ART) □Known HIV+ (Defaulted) □ | HIV- □HIV+ □Indeterminate □ | HIV- □HIV+ □Indeterminate □ | HIV- □ HIV+ □ Indeterminate □Known HIV+ (on ART) □Known HIV+ (not on ART) □Known HIV+ Defaulted □ | Positive □ Negative □N/A □ | Positive □Negative □N/A □ |
| **Pregnant:**  | **Pregnancy test :**  | **Referred for (Multioption: Circle all reasons for referral):**  | **Preferred PHC (Which clinic do you want to be referred to?):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **WRITE DOWN THE PATIENT ID IN THE REFERRAL SLIP** |
| Yes □ No □Unsure □ N.A □ | Positive □Negative □N/A □ | HIV □ TB □ STI □ ANC □FP □ CHAP Follow-up visit □ No need for referral □If other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **2** | **Head of Household:**Yes / No | **First Name(s):** | **Surname:** | **Gender:**M / F |
| **DOB:** | **Age:** | **SA Id Number // Passport Number (non-SA citizens):** | **Can we contact you?** | **Cellphone Number (if answer is YES):** |
| DD / MM / YYYY |  |  |  | Yes / No |  |
| **Previous HIV test:** | **Times Tested:** | **Most recent test date:** | **Last tested at:** | Clinic □ Hospital □ M1SS □ Door-to-door □ Fixed site □MMC Camp □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Yes / No |  | DD / MM / YYYY |
| **Did patient test for HIV?** | **Screening test:** | **Confirmatory test:** | **Overall test result:**  | **TB screening:** | **STI Screening:**  |
| Yes □ Refused □Known HIV+ (on ART) □Known HIV+ (not on ART) □Known HIV+ (Defaulted) □ | HIV- □HIV+ □Indeterminate □ | HIV- □HIV+ □Indeterminate □ | HIV- □ HIV+ □ Indeterminate □Known HIV+ (on ART) □Known HIV+ (not on ART) □Known HIV+ Defaulted □ | Positive □ Negative □N/A □ | Positive □Negative □N/A □ |
| **Pregnant:**  | **Pregnancy test :**  | **Referred for (Multioption: Circle all reasons for referral):**  | **Preferred PHC (Which clinic do you want to be referred to?):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **WRITE DOWN THE PATIENT ID IN THE REFERRAL SLIP** |
| Yes □ No □Unsure □ N.A □ | Positive □Negative □N/A □ | HIV □ TB □ STI □ ANC □FP □ CHAP Follow-up visit □ No need for referral □If other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **3** | **Head of Household:**Yes / No | **First Name(s):** | **Surname:** | **Gender:**M / F |
| **DOB:** | **Age:** | **SA Id Number // Passport Number (non-SA citizens):** | **Can we contact you?** | **Cellphone Number (if answer is YES):** |
| DD / MM / YYYY |  |  |  | Yes / No |  |
| **Previous HIV test:** | **Times Tested:** | **Most recent test date:** | **Last tested at:** | Clinic □ Hospital □ M1SS □ Door-to-door □ Fixed site □MMC Camp □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Yes / No |  | DD / MM / YYYY |
| **Did patient test for HIV?** | **Screening test:** | **Confirmatory test:** | **Overall test result:**  | **TB screening:** | **STI Screening:**  |
| Yes □ Refused □Known HIV+ (on ART) □Known HIV+ (not on ART) □Known HIV+ (Defaulted) □ | HIV- □HIV+ □Indeterminate □ | HIV- □HIV+ □Indeterminate □ | HIV- □ HIV+ □ Indeterminate □Known HIV+ (on ART) □Known HIV+ (not on ART) □Known HIV+ Defaulted □ | Positive □ Negative □N/A □ | Positive □Negative □N/A □ |
| **Pregnant:**  | **Pregnancy test :**  | **Referred for (Multioption: Circle all reasons for referral):**  | **Preferred PHC (Which clinic do you want to be referred to?):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **WRITE DOWN THE PATIENT ID IN THE REFERRAL SLIP** |
| Yes □ No □Unsure □ N.A □ | Positive □Negative □N/A □ | HIV □ TB □ STI □ ANC □FP □ CHAP Follow-up visit □ No need for referral □If other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **4** | **Head of Household:**Yes / No | **First Name(s):** | **Surname:** | **Gender:**M / F |
| **DOB:** | **Age:** | **SA Id Number // Passport Number (non-SA citizens):** | **Can we contact you?** | **Cellphone Number (if answer is YES):** |
| DD / MM / YYYY |  |  |  | Yes / No |  |
| **Previous HIV test:** | **Times Tested:** | **Most recent test date:** | **Last tested at:** | Clinic □ Hospital □ M1SS □ Door-to-door □ Fixed site □MMC Camp □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Yes / No |  | DD / MM / YYYY |
| **Did patient test for HIV?** | **Screening test:** | **Confirmatory test:** | **Overall test result:**  | **TB screening:** | **STI Screening:**  |
| Yes □ Refused □Known HIV+ (on ART) □Known HIV+ (not on ART) □Known HIV+ (Defaulted) □ | HIV- □HIV+ □Indeterminate □ | HIV- □HIV+ □Indeterminate □ | HIV- □ HIV+ □ Indeterminate □Known HIV+ (on ART) □Known HIV+ (not on ART) □Known HIV+ Defaulted □ | Positive □ Negative □N/A □ | Positive □Negative □N/A □ |
| **Pregnant:**  | **Pregnancy test :**  | **Referred for (Multioption: Circle all reasons for referral):**  | **Preferred PHC (Which clinic do you want to be referred to?):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **WRITE DOWN THE PATIENT ID IN THE REFERRAL SLIP** |
| Yes □ No □Unsure □ N.A □ | Positive □Negative □N/A □ | HIV □ TB □ STI □ ANC □FP □ CHAP Follow-up visit □ No need for referral □If other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **5** | **Head of Household:**Yes / No | **First Name(s):** | **Surname:** | **Gender:**M / F |
| **DOB:** | **Age:** | **SA Id Number // Passport Number (non-SA citizens):** | **Can we contact you?** | **Cellphone Number (if answer is YES):** |
| DD / MM / YYYY |  |  |  | Yes / No |  |
| **Previous HIV test:** | **Times Tested:** | **Most recent test date:** | **Last tested at:** | Clinic □ Hospital □ M1SS □ Door-to-door □ Fixed site □MMC Camp □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Yes / No |  | DD / MM / YYYY |
| **Did patient test for HIV?** | **Screening test:** | **Confirmatory test:** | **Overall test result:**  | **TB screening:** | **STI Screening:**  |
| Yes □ Refused □Known HIV+ (on ART) □Known HIV+ (not on ART) □Known HIV+ (Defaulted) □ | HIV- □HIV+ □Indeterminate □ | HIV- □HIV+ □Indeterminate □ | HIV- □ HIV+ □ Indeterminate □Known HIV+ (on ART) □Known HIV+ (not on ART) □Known HIV+ Defaulted □ | Positive □ Negative □N/A □ | Positive □Negative □N/A □ |
| **Pregnant:**  | **Pregnancy test :**  | **Referred for (Multioption: Circle all reasons for referral):**  | **Preferred PHC (Which clinic do you want to be referred to?):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **WRITE DOWN THE PATIENT ID IN THE REFERRAL SLIP** |
| Yes □ No □Unsure □ N.A □ | Positive □Negative □N/A □ | HIV □ TB □ STI □ ANC □FP □ CHAP Follow-up visit □ No need for referral □If other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |