

PRE ART REGISTER

Month: _____ Year: _____

Name of Clinic / Hospital: _____

1	2	3	4	5	6		7	8	9	10	11	12	13	14	15	16		
					Date	Place										Date of death	Date lost to FU (last visit)	Date transferred
Date 1st entered into HIV care at this clinic	Registration number	Patient's name, Address and Contact number	Age	Sex M/F	HIV Confirmation test		Entry point code 1 to 13*	risk factor code 1to7**	Literate Y/N	Employed Y/N	CPT*** Date Start	Date of TB Screening & Result#, Category Regimen Date Rx start	Date medically eligible for ART	Why medically eligible?	Date ART started	End of follow-up before ART		
1														WHO stage CD4 #/% TLC#				
2														WHO stage CD4 #/% TLC#				
3														WHO stage CD4 #/% TLC#				
4														WHO stage CD4 #/% TLC#				
5														WHO stage CD4 #/% TLC#				
6														WHO stage CD4 #/% TLC#				
7														WHO stage CD4 #/% TLC#				
8														WHO stage CD4 #/% TLC#				
9														WHO stage CD4 #/% TLC#				
10														WHO stage CD4 #/% WHO stage				

Pre ART register: At first visit fill column 1 to 10. Columns 11 to 16 to be filled when applicable.

*Entry point: 1-STD 2-TB 3-Outpatient 4-Inpatient 5-Paediatric 6-PMTCT 7-VCT 8-Private 9-NGO 10-Self referred 11-IDU outreach 12- CSW outreach 13-Visa screening-local 14- HIV screening- foreign 15-Contac/Family Screening 16. Blood donor 17-Other_____ (Write code TR if the patient was transferred in on ART)

**Mode of HIV transmission: 1-Commercial sex worker (CSW), 2-Other heterosexual route, 3-Men having sex with men (MSM), 4-Injecting drug use (IDU), 5-Blood transfusion, 6-Mother to child, 7-Unknown

***CPT: Cotrimoxazole preventive therapy #TB Screening result: Neg-Negative; LTB-Latent TB; PTB(SS+) Pulmonary TB(Smear+ve); PTB(SS-) Pulmonary TB (Smear-ve); EPTB Extra-Pulmonary TB (Mention the site)

