

PATIENT STATUS

Date / /
Day Month Year

Patient ID - - -
District Facility Serial no.

Facility ID (if different)
Clinic code

Patient Last Name _____

Patient First Name _____

Please complete section A, B, C, or D.

A Patient is transferring out to another clinic

Clinic referred to: _____

Clinic referred from: _____

Reason for referral:

Referring clinician name: _____

Routine transfer

Referring clinician title: _____

Complicated care

Referring clinician tel no: _____

Discharge from facility

Patient request

Other: _____

B Patient is being made inactive

Date patient made inactive: / /
Day Month Year

Reason patient is being made inactive:

Lost to follow up (patient missed appointment and could not be located)

Patient stopped taking antiretroviral therapy. Specify reason: _____

Patient is HIV-negative: Over 18 months: negative rapid test Under 18 mos: negative PCR and breastfeeding stopped > 6 weeks ago

Other: _____

Unknown

C Patient is being reactivated

Date patient reactivated: / /
Day Month Year

Reason patient is being reactivated:

Patient moved back to clinic catchment area

Patient restarting antiretroviral therapy after having stopped

Other: _____

D Patient has died

Date patient died: / /
Day Month Year

Cause of death:

Tuberculosis

Meningitis

Malnutrition

Diarrhea/dehydration

Malaria

Pneumonia

Drug reaction

Accident

Unknown

Other: _____

Report of death made by:

Family member arriving at clinic

Friend arriving at clinic

Healthcare worker

Community health worker/contact tracing

Other: _____

Source of information for cause of death:

Medical record

Death certificate

Verbal

Place of death:

Home

Hospital

Clinic in-patient

Other facility

Other: _____