

Form 1b. Client Information, Session Appointments, & Telephone Log

Instructions: Complete this form on all persons who consent to participate in CommLink.

Today's Date: / /	Client Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age (years):	EC ID:
HTC #: _____		Linkage Program ID: <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		

SECTION A: PHONE CONTACT	
Can the client be contacted by any phone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone #: _____ _____ _____	Phone Calls: <input type="checkbox"/> Phone not shared <input type="checkbox"/> Phone shared → I will say: _____ SMS Reminders: - Include in the message: <i>(tick all that apply)</i>
a. I would like to speak with: _____ b. I am calling from: _____ <input type="checkbox"/> Time and date of appointment <input type="checkbox"/> Location of the appointment <input type="checkbox"/> Purpose of the appointment <input type="checkbox"/> Name of the EC	
Notes (best time(s) and day(s) to call): _____ _____ _____	

Second contact name:	If you are unreachable, may we contact this person to try to find you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship:	Have you disclosed your status to this person (if previous positive)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #: _____ _____	Phone Calls: <input type="checkbox"/> Phone not shared <input type="checkbox"/> Phone shared → I will say: _____ SMS Reminders: - Include in the message: <i>(tick all that apply)</i>
a. I would like to speak with: _____ b. I am calling from: _____ <input type="checkbox"/> Time and date of appointment <input type="checkbox"/> Location of the appointment <input type="checkbox"/> Purpose of the appointment <input type="checkbox"/> Name of the EC	
Notes for Phone 2 (Emergency Contact): _____ _____ _____	

Third contact name:	If you are unreachable, may we contact this person to try to find you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship:	Have you disclosed your status to this person (if previous positive)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #: _____ _____	<input type="checkbox"/> Phone not shared <input type="checkbox"/> Phone shared → I will say:
	a. I would like to speak with: _____ b. I am calling from: _____
	SMS Reminders: - Include in the message: (tick all that apply)
<input type="checkbox"/> Time and date of appointment <input type="checkbox"/> Location of the appointment <input type="checkbox"/> Purpose of the appointment <input type="checkbox"/> Name of the EC	
Notes for Phone 3 (Emergency Contact): - _____ _____ _____	

SECTION B: RESIDENTIAL ADDRESS
GPS Coordinates (if available): Longitude (X): _____ Latitude (Y): _____
Chiefdom:
Inkhundla:
Street/Village:
Head of Household:
Location (describe current address and nearby landmarks):
Instructions for visiting current address (use back of page if needed):

WORK ADDRESS
GPS Coordinates (if available): Longitude (X): _____ Latitude (Y): _____
Chiefdom:
Inkhundla:
Street/Village:
Employer:
Location (describe work address and nearby landmarks):
Instructions for visiting the work address (use back of page if needed):

Telephone Contact

Telephone Codes

A	CTC visit #1 reminder (enrollment or re-enrollment visit)	G	Coordinate partner and family testing and counseling
B	Other CTC visit reminder	H	Coordinate registration in Early ART Program
C	Reminder of face-to-face linkage session appointment	I	Refer for other follow-up care (e.g., TB/ANC)
D	Assessment of experiences/problems with CTC visit	J	Other (explain in notes)
E	Assessment of well-being and coping with HIV status	X	Telephone working, client did not pick up
F	Assessment of barriers to care and encourage enrollment	Y	Telephone currently not working

Telephone Log

DATE	TIME	TELEPHONE CODES (WRITE ALL THAT APPLY)	NOTES

