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Staple PIMA slip here

Form 1c: Clinical Assessment

Client met a CommLink nurse? ❑ Yes ❑ No – Reason: ❑ Client refused ❑ Nurse not available ❑ Other

Nurse ID: _____

Today's Date: / /	Client Name:	Sex: ❑ M ❑ F	Age (years):	EC ID:
HTC #: _____		Linkage ID: □-□□-□□/□□-□□□		

I. Clinical Services

Services Provided	Outcome	Service Dates
1. CD4 Test: ❑ Yes ❑ No	CD4 Result: _____	Date of test: ___ / ___ / ___
2. CPT: ❑ Yes ❑ No	Doses given (# days): _____	Date provided: ___ / ___ / ___
3. WHO Staging: ❑ Yes ❑ No	Stage: ❑ I ❑ II ❑ III ❑ IV	Date conducted: ___ / ___ / ___
4. HIV Repeat test: ❑ Yes ❑ No	Test Result: ❑ Positive ❑ Negative ❑ Ind.	Date of test: ___ / ___ / ___
5. ART: ❑ Yes ❑ No	Doses given (# days): _____	Date provided: ___ / ___ / ___

II. Tuberculosis (TB) Symptoms Assessment *(tick the appropriate box)*

Questions: Have you had…	Yes	No
1. Cough for any duration?		
2. Any chest pain?		
3. A fever for two or more weeks?		
4. Night sweats for two or more weeks?		
5. Noticeable weight loss in the last four weeks?		
6. History of contact with a TB case?		
TB Suspect (Tick "Yes" if cough for any duration and <u>ANY</u> other symptom noted)		

III. STI Syndromic Assessment *(tick the appropriate box)*

Questions: Have you had…	Yes	No
1. Abnormal discharge/drip from vagina or penis?		
2. Burning, itching, or pain when you urinate (pee)?		
3. Any ulcer/sore in your genital area?		
4. **[Women only]**: Any pelvic pain?		
5. **[Women only]**: Abnormal vaginal bleeding?		
STI Suspect (Tick "Yes" if <u>ANY</u> of the above symptoms are noted)		
STI treatment provided?		

IV. WOMEN ONLY: Mother-to-child-transmission (MTCT) Risk Assessment *(tick the appropriate box)*

Questions	Yes	No
1. Are you currently pregnant? *(If "No," Skip to #3)*		
2. Are you in ante-natal care?		
3. Are you currently breastfeeding any children?		
4. Are you in post-natal care?		
MTCT Risk (Tick "Yes" if ANY questions above are "Yes")		