

HIV CARE/ART TRANSFER AND REFÉRRAL FORM

erral No									
Transfe	erring/ Referring	health facil	lity						
	erred/ Referred to								
Transfe	full Name						Age	Sex	
Patient	s: Region			70	ne	Wor	eda/Subcity		
Addres	s: Region				M.		Tol No		
Kebele	(PA)			Hot	se No		Tel. 110.		
		-		90					
Date co	nfirmed HIV+			20000			•		
Patient :	started on ART	□ No	ı	☐ Yes					
Why eli	gible for ART		0/1	TICIA	31	Transf	erred in form	n	
	O Stage				mm°)	ITalisi	erred in ron		
Date AF	T Started	/	_/						
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	for changing ART								
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Rx	railure (specify cr	iteria)							
	er (specify)								
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	ry for ART adher		☐ Good			☐ Poor			
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Other C	Current medication	ns (Start Date)/_	/	Fair (No. 🗆 Y	es (Start Do	ite)/	//_
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Use the intake and follow up forms to fill this form

Age record Months for children <5 yrs Tr ART vrn 98