<u>-</u>	
Facility Name:	
MFL Code:	
Sub-County	
County:	
Department	
Start Date:	

Serial No	<u>Column</u>	<u>Instructions</u>
1	SNO	Write a numerical number e.g: 1,2,3
2	CCC NO	Write down the CCC number of the client on follow-up
3	CLIENT NAME	Full name of the client
4	AGE	DD/MM/YY
5	SEX	M for Male or F for Female
6	HOME LOCATION	This is where the client is currently living
	CAREGIVER NAME/ TREATMENT SUPPORTER	Name of the main caregiver to a child or adolescent client. If the client is an adult, treatment supporter
8	OCCUPATION	Ocuppation of adult client/ or caregiver to the child/adolescent
9	PHONE CONTACT (CLIENT)	Phone contact (s) of client
10	PHONE CONTACT (ALTERNATIVE)	Phone contact of caregiver/treatment supporter (alternative phone contact)
11	CASE MANAGER	Name of the casemanager assigned to followup the client
11	DATE OF VISIT	Write the date the client attended the clinic or home visit was made
12	INTERVENTION PROVIDED	Write the code of intervention provided on each clinic/home visit
13	FINAL OUT COME	Write the code of the final outcome after 6 months of case management
14	COMMENTS	Write any comments that would give more insight to the client and their followup

	Case Management Register															CLIENT'S FOLLOW UP IN	FORMATION							
												V	ISIT 1		VISIT 2	\	VISIT 3		VISIT 4	VISIT 5		VISIT 6		
SNO	CCC NO	CLIENT'S NAME	AGE SEX (D.O.B) (M/F)	HOME LOCATION	CATEGORY OF PATIENT (Use codes at the bottom)		CCC NO. OF CAREGIVER OR CAREGIVE		CAREG	NE CONTACT(S) OF GIVER/ TREATMENT PORTER (Alternative phone contact)	NAME OF CASE MANAGER	DATE OF VISIT	INTERVENTION PROVIDED (Use the Code at the bottom)	es DATE OF VISIT (Clinic/Home Visit)	INTERVENTION PROVIDED (Use the Co	odes DATE OF VISIT	INTERVENTION PROVIDED (Use the Codes at the bottom)	DATE OF VISIT (Clinic/Home Visit)	INTERVENTION PROVIDED (Use the Codes DATE OF VIS at the bottom) (Clinic/Hom		se the Codes DATE OF VISIT	INTERVENTION PROVIDED (Use the Codes at the bottom)	FINAL OUT COME (Use the Codes at the bottom)	COMMENTS
						C FOR INTERVENITION OF	DOV/IDED										20050 500 500	NAL CUITOS: 575						
		4	Disclosure		CODE	S FOR INTERVENTION PE				12	PV corvices	1	-			4	CODES FOR FIN							
		1	Disclosure			0	New caregiver identified				BV services		1			1	Virally Suppressed an	ing and Active in Care						
		2	nome visits			8	rr/condoms provided			14 Cn	ina protection services		-			2	Switched to Second Li	ine and Active in Ca	are					

Defaulter tracing and return to care

Adherence counselling

Other specify....

CODES FOR CATEGORY OF PATIENT									
1	All children and adolescents	4	Clients with alcohol and substance abuse disorders						
1 a	Children and adolescents with high viral loads	5	Elderly patients (People above 65 Years)						
1b	Who have multiple caregivers/unstable caregivers	6	Persons with disability						
Living with elderly caregivers who have poor social, economic and psychosocial support Clients with mental illness									
1 c	systems	7	Cherres With Michellan Infress						
1d	Children with poor appointment keeping behavior	8	Clients with suspected or confirmed treatment failure, regardless of the age.						
1e	Orphans and vulnerable children	9	Clients who the health care team feels has poor adherence or is at high risk of defaulting from care						
1 f	Children and adolescents in transition (paeds to adolescents to adulthood, day school	10	Clients with AHD (Advanced HIV Disease)	•					
2	Pregnant and Breast-feeding Women	11	ITT (LTFUs) returned to care						
2a	HIV positive pregnant and lactating new mothers between 14-19 yrs.								
2b	Pregnant or lactating mothers with high viral load.								
3	Those with poor appointment keeping behavior								

10

School visits

Caregiver PSSG

Enrolled in OTZ club

Enrolled in Jua Mtoto wako/PAMA

Nutritional support

Linked to OVC support

Regimen substitution

Switched to second line

	CODES FOR FINAL OUTCOMES	
1	Virally Suppressed and Active in Care	
2	Switched to Second Line and Active in Care	
3	Lost to follow up	
4	Transferred Out	
5	Dead	
6	Other Specify	