

Referral and Service Verification

Mobiliser ID	*
CBO	*
Client Unique ID	*
Referral channel	*
<input type="radio"/> Peer mobiliser referral	
<input type="radio"/> Self referral	
<input type="radio"/> Facility referral	
Referral date	*
Services referred	*
<input type="checkbox"/> Family planning	
<input type="checkbox"/> HIV testing/services	
<input type="checkbox"/> SGBV services/support	
<input type="checkbox"/> STI services	
<input type="checkbox"/> Other	
Destination clinic name	*
Clinic type	
<input type="radio"/> Public	
<input type="radio"/> Private	
<input type="radio"/> NGO/FBO	

Visit date

Verification status *

- Verified completed
- Partially completed
- Not completed

Service verification details

Services received *

- Family planning
- HIV testing/services
- SGBV services/support
- STI services
- Other

For SGBV, capture minimal detail and do no harm. Avoid personal identifiers.

Wait time (minutes)

Was client referred onward?

- Yes
- No

Onward facility (if any)

If not completed

Reason not completed *

- Did not attend
- Stock-out/commodity unavailable
- Cost barrier
- Stigma/fear
- Safety concern
- Referred to another facility
- Other

Specify other reason

Follow-up plan

- Reschedule appointment
- Refer to alternative facility
- Provide PSS / accompaniment
- Close case
- Other

Follow-up date