

Referral and Service Verification

Mobiliser ID	*
<hr/>	
CBO	*
<hr/>	
Client Unique ID	*
<hr/>	
Referral channel	*
<input type="radio"/> Peer mobiliser referral	
<input type="radio"/> Self referral	
<input type="radio"/> Facility referral	
Referral date	*
<hr/>	
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	*
<hr/>	
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
