

## **Ministry of Health and Social Services**

## **EDT ART Recruitment Form**

PHC Site Name:				Date of Visit:	D D	/	M M	/	ΥΥ	ΥΥ
Main Site Name:			Nurs	se-In-Charge:						
EDT ART No:			Therapy	Start Date*:	D D	/	M M		ΥΥ	ΥΥ
First Name (s)*:				Unique No:						
Last Name*:				CD4 Count:						
Current Regimen*:			St	art Regimen:						
							(	ther (	Name/S	trength)
	TDF/FTC/EFV (300/200/600)mg	TDF/3TC (300/300)mg	AZT/3TC (300/150)mg	NVP 200mg	EFV 600m	g				
QTY Disp. (# Tabs)										
Status*:	Active	Transferred-In	РМТСТ-0	OPTION B+						
	Transfer In From Site:			c	ell Phon	e No	*:			
Language:*			Da	ate of Birth*:	D D	/	M M	/	YY	YY
Gender*:	Male	Female		Weight:						
Pregnant (Y/N):		Expected	d Date of De	livery (EDD):	D D	/	M M	/	ΥY	ΥΥ
Physical Address*:				Town*:						
		Dat	e of Next Ap	pointment*:	D D	/	M M		ΥΥ	ΥΥ
Caregiver's name:										
Caregiver's Physical	Address:									
Other Diseases/Conditions:										
Additional notes:			و احدادات و ماه				resents fie			equired
	the patient is being transf tive and PMTCT-Option B				patient ir	ппате	и инегару	ii the	past.	
Additional notes:										
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