



Ministry of Health and Social Services
EDT ART Recruitment Form

PHC Site Name:	<input type="text"/>	Date of Visit:	<input type="text" value="D D / M M / Y Y Y Y"/>				
Main Site Name:	<input type="text"/>	Nurse-In-Charge:	<input type="text"/>				
EDT ART No:	<input type="text"/>	Therapy Start Date*:	<input type="text" value="D D / M M / Y Y Y Y"/>				
First Name (s)*:	<input type="text"/>	Unique No:	<input type="text"/>				
Last Name*:	<input type="text"/>	CD4 Count:	<input type="text"/>				
Current Regimen*:	<input type="text"/>	Start Regimen:	<input type="text"/>				
			Other (Name/Strength)				
	TDF/FTC/EFV (300/200/600)mg	TDF/3TC (300/300)mg	AZT/3TC (300/150)mg	NVP 200mg	EFV 600mg		
QTY Disp. (# Tabs)							
Status*:	Active	Transferred-In	PMTCT-OPTION B+				
Transfer In From Site:	<input type="text"/>	Cell Phone No*:	<input type="text"/>				
Language*:	<input type="text"/>	Date of Birth*:	<input type="text" value="D D / M M / Y Y Y Y"/>				
Gender*:	Male	Female	Weight:	<input type="text"/>			
Pregnant (Y/N):	<input type="text"/>	Expected Date of Delivery (EDD):	<input type="text" value="D D / M M / Y Y Y Y"/>				
Physical Address*:	<input type="text"/>	Town*:	<input type="text"/>				
		Date of Next Appointment*:	<input type="text" value="D D / M M / Y Y Y Y"/>				
Caregiver's name:	<input type="text"/>						
Caregiver's Physical Address:	<input type="text"/>						
Other Diseases/Conditions:	<input type="text"/>						

* - Represents fields that are required

Additional notes:

Therapy Start Date: If the patient is being transferred in, the date will be the original date when the patient initiated therapy in the past.

Status: Check both Active and PMTCT-Option B+ for pregnant women starting on ART

Additional notes: _____
