## MINISTRY OF HEALTH COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN



## National HIV Care and Treatment Appointment Register

Date	

## **Scheduled Visits**

III	Col A	Col. B	Col. C	Col. D	Col. E	Col. F		0.1.**	\$500000 HUVO-S	
	COLA	COL. B	COLC	1110000000000	COL B	COL P	Co. G	Col. H	Col. I	Col. J
S/No	Unique CTC ID Number	Name of CTC Client	Patient on ART Y=Yes, N=No	Enrolled in Community HBC Services Y=Yes N=No R=Refused	Time Block	Attended Today (Tick	Visit Type R=Refill, CD4 check TS=Treatment Support Drug Pick up, O=Others	Date Attended if Before Appointment Date	Date Attended if After Appointment Date	Tick if Came Within 3 Days After Appointment
mannay.	onque ere no remoti	Name of CTC Cheff.	14-140	K=Kerused	(A, B or C)	if Yes)	up, O=Ouners	(dd/mm/yy)	(dd/mm/yy)	Appoinment
1										
2			E.			. 0.				
3										
4										
5										
6										
7										
8										
9										
10			C-							
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
TOTAL			Total on ART=			Total on ART=		Total on ART=		Total on ART=
- • • • • • • • • • • • • • • • • • • •			Total in Care=			Total in Care=		Total in Care=		Total in Care=

<sup>%</sup> of ART pts who came on or before or within 3 days of their Appointment Date
=100\* (Total patients on ART col F+H+J / Total number of patients on ART on col C

## Unscheduled Visits

Unsc	Unscheduled Visits										
	Col. A	Col. B	Col. C	Col, D	Col. E	Co. F	Col. G				
S/No	Unique CTC ID Number	Name of CTC Client	Patient on ART Y=Yes, N=No	Enrolled in Community HBC Services Y=Yes N=No R=Refused	Visit Type TB=Traced Back, RE=Reappeared, IP=In-Patient OP=Out-Patient OT=On Transit, NEW=New patient O=Others	Scheduled Date (dd/mm/yy)	Reasons for Missed Visits (for those Traced or Reappeared Check Codes Below)				
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											