ChildCount+ Form C: CONSULTATIONS OF INDIVIDUALS with HEALTH ID

CHW	Name:	
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Focus on: Pregnant Women

CHW Number: _____

			Routine Care								Current Danger Signs		Referral	
			P1	P2	P3	P4	P5	P6	[P7]	[P8]		S1		R1
Date	HEALTH ID	Pregnancy Check-up	Month of pregnancy (1-9)	Number of ANC visits during pregnancy	Weeks since last ANC visit [0 = less than 7 days]	Is the mother taking iron supplement? (Y-N-U-X)	Is the mother taking folic acid supplement? (Y-N-U-X)	Did the mother get tested for HIV? (YR-YN-NU-NR)	Was CD4 count done? (Y-N-U)	Is the mother on PMTC ARV? AZT, ARV, N	Current Danger Signs	Current Danger Signs	Referral to Clinic Section	Referral to Clinic (A-E-B-C)
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CODES:	AM = Anti-malarial drugs	C = Convenient Referral	N = No / Negative	U = Unsure / Don't Know	X = Doesn't Have	j
	A = Ambulance Referral	E = Emergency Referral	P = Currently inpatient at facility	Y = Yes		}
	B = Basic Referral (24 hours)	L = Patient unavailable	R = ORS	Z = Zinc		1
	NR = No Reactive	NU= No status unknown	YR = Yes Reactive	YN = Yes not Reactive		ì