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| **ADAPT Missed Visit Form for Returned Patients**  **SECTION A: Patient Information** | | | | | | | | | | | | | | | | |
| **This form is used for ADAPT patients who were lost but in whom tracing attempts were unable to speak with the patient directly during the tracing process. It is also important to note that this is in relation to a particular lapse in clinic visits.** | | | | | | | | | | | | | | | | |
| Patient name: | | |  | | | | | | | Patient ID: | |  | | | | |
| Clinic name: | | |  | | | | | | | Clinic sub-county: | |  | | | | |
| **Dates of most recent gap in care (from this clinic)** | | | | | | | | | | | | | | | | |
| Date of last visit to this clinic prior to gap in care |  | | | | | | | | | Date of first return visit to this clinic after gap in care | |  | | | | |
| Today’s date | | |  | | | | |
| **Section D: Patient Outcome: Reported by Patient Him/Herself** | | | | | | | | | | | | | | | | |
| * ***Patient made at least one clinic visit to another facility during during the most recent gap in care from this clinic*** | | | | Date of first visit to new clinic: //  Date of most recent visit to new clinic:// | | | | | | | | | | New clinic name and town:  New Patient ID (if available): | | |
| * *­­****Patient has not received HIV care*** *at another facilty during this period of absence* | | | |  | | | | | | | | | | | | |
| **Section E: Reasons for Missed Visit(s) at Initial Clinic** | | | | | | | | | | | | | | | | |
| **Medical**  \_\_\_ Felt too sick to come to clinic  \_\_\_ Side effects from pills  \_\_\_ Pill burden  \_\_\_ Wanted a break from pills  \_\_\_ Other medical reasons, specify:  \_\_\_ Hospitalized🡪 Admit date: \_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_  DD /MM /YYYY  Hospital name:  Hospitalization Reason: | | | | | **Access to Care**  \_\_\_ Transportation problems  \_\_\_ Funds to get to the clinic  \_\_\_ Didn’t have enough time to for the clinic  \_\_\_ Other access to care reasons, specify:  **Clinic Factor**  \_\_\_ The clinic ran out of medications  \_\_\_ The staff was not nice  \_\_\_ The care was not good  \_\_\_ Too many admin requirements  \_\_\_ The waiting area was uncomfortable  \_\_\_The clinic was too crowded  \_\_\_ I have to wait too long during visits  \_\_\_ I didn’t want to go to retention class | | **Work and Family**  \_\_\_ Work interference  \_\_\_ No caregiver  \_\_\_ Attended funeral  \_\_\_ Other family obligation  \_\_\_ Partner didn’t want me to attend clinic  \_\_\_ Other family/work reason, specify:  **Relocated**  \_\_\_ Moved/migrated away to another region | | | | | | | | **Psychosocial**  \_\_\_ Felt well, didn’t see need to visit clinic  \_\_\_ Attending clinic risked HIV disclosure  \_\_\_ Afraid clinic would scold me for missing appoint.  \_\_\_ Because I went to someone who tried / is trying to cure me by prayer / religious rituals.  \_\_\_ Because I saw / am seeing a traditional healer instead  \_\_\_ I gave up hope because of depression  \_\_\_ Alcohol consumption  \_\_\_ Forgot appointment  **Other**  \_\_\_ Did not actually miss appointment original clinic | |
| **Section F: Interaction with Patient** | | | | | | | | | | | | | | | | |
| **Counseling conducted: \_**\_\_\_Yes \_\_\_\_No | | | | | | **🡪 If yes, how long (in minutes):** | | | | | | |  | | | |
| **Topics discussed (list of topics) including assessment of problem and plan to address problem:** | | | | | | * **HIV knowledge** * **Treatment literacy** * **Stigma** * **Disclosure** * **Advice or referrals for current illness/injury** * **Barriers related to workplace** | | | | | | | * **Barriers related to clinic** * **Economic barriers** * **Family matters** * **Other** | | | |
| **Notes on interaction with patient:** | | | | | | | | | | | | | | | | |