PMTCT COUNSELLOR REGISTER



Prepared by PMTCT/SRH Unit
Ministry of Health
Private Bag 00451
Gaborone, Botswana



PMTCT Counselor Register

PMTCT Counselor Register



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			0	2	3	4		4 **	Pre-test		,		6			* *	•		8	4	9	
			ality	Status	ional	HIV Status Wor	man on	HIV status	Pre-test Education/ Counseling Type & Date	Pre-test Education/ Counseling provided by	Initial HIV Test Date			Date Initial	Post-Test Counseling Date for HIV Test Results	CD4 Test	Baby Feeding	Follow-Up	Follow-Up	Partner	Action taken	
Name (Surname first ID (Omang/Passport N) & No.)	Full Physical Address (Incl. Phone Nos.)	Nation	Age Marital	Educat	before HA booking bo	man on ART at ooking	HIV status at previous pregnancy	Type & Date	Counseling provided by	Initial HIV Test Type (Rapid/Elisa)	Gestation at initial Test Date	Initial HIV Test Result	Date Initial HIV Test Result Recieved	for HIV Test Results	Date Count	Feeding Choice at Initial Visit	Follow-Up visit date	Follow-Up visit services	Partner HIV status	for partner	Comments
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	Marital Status S = Single	3 Educational Level N = None		4 HIV Sta					ing/Education				6 HIV Test Resul		Baby Feeding Choice EBF = Exclusive Breast Feeding		Follow-up Visit			Taken for Part		* If HIV Negative, please write "N/A"

1 = Citizen
2 = Spouse of Citizen
3 = Non - Citizen

S = Single **M** = Married C = Cohabiting D = Divorced $\mathbf{W} = \mathsf{Widowed}$

N = None P = Primary S = Secondary T = Tertiary

Pos = Positive
Neg = Negative
Uk = Unknown

** If this is the first pregnancy,

please write "N/A"

GE = Group Education **IE** = Individual Education CC = Couple Pre-test Counseling IC = Individual Pre-test Counseling

Pos = Positive $\mathbf{Neg} = \mathbf{Negative}$ **EBF** = Exclusive Breast Feeding **EFF** = Exclusive Formula Feeding

Prev = Preventative Counseling
Supp = Supportive Counseling
IF = Infant Feeding
O = Other (Specify)

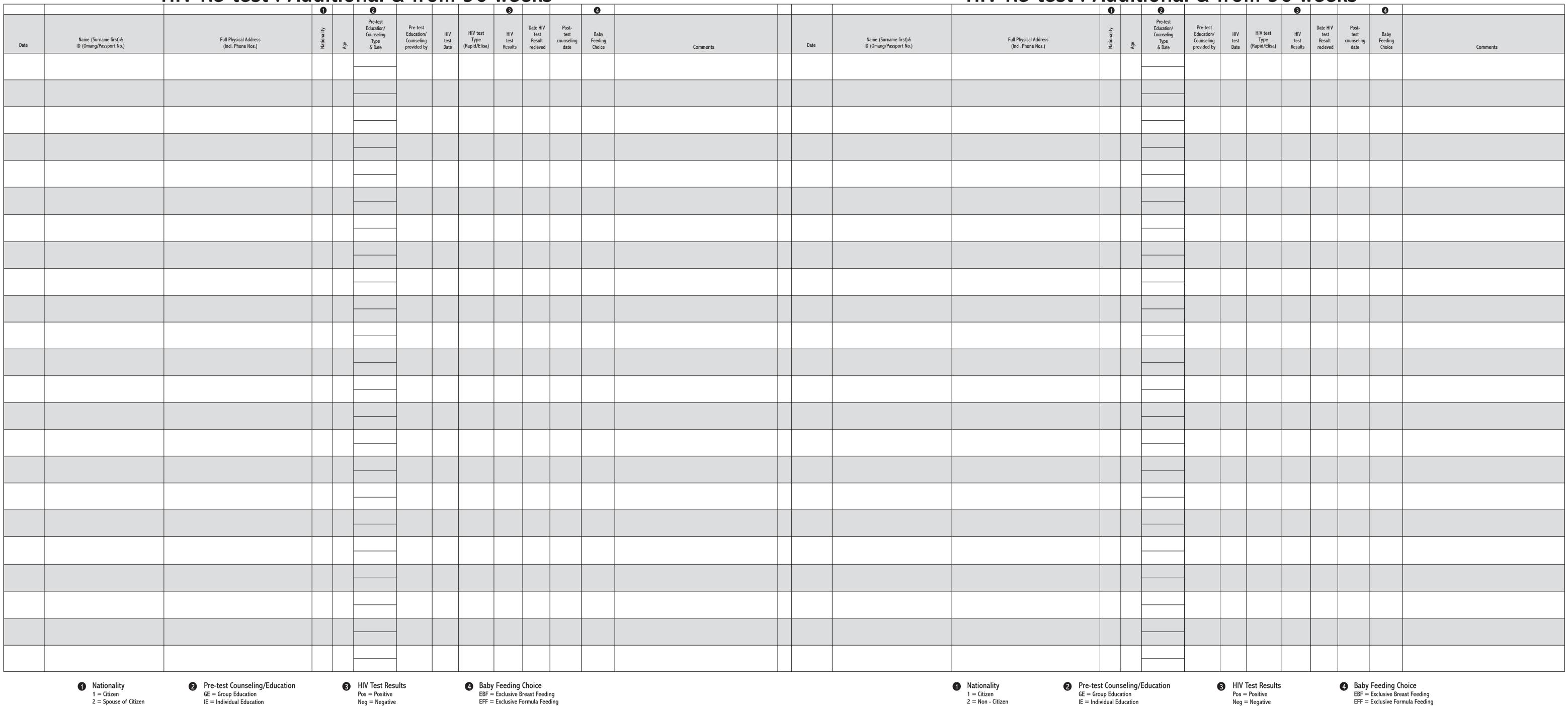
H = Already on HAARTR = Referred to ARV Clinic Supp = Supportive Counseling
Prev = Preventive Counseling
N/A = Did not Test



PMTCT Counselor Register HIV Re-test: Additional & from 36 weeks

PMTCT Counselor Register





2 = Spouse of Citizen 3 = Non - Citizen

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EFF = Exclusive Formula Feeding

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