

National AIDS Council
 100 Central Avenue
 Harare
www.nac.org.zw



NAC KP IPC Register		Service Provision Section			Referrals				
Province:									
		Date of contact			Was the client referred?		Yes	No	
District:									
		Date of next contact			If Yes is selected: where was the Client was referred to?				
Enrolment Date:		IPC Peer Educator Name:							
					Referred for:				
PROFILE		Type of Package: KP			PREP		Yes	No	
Client Information		Intervention:			ART		Yes	No	
		HTS			Yes	No	HTS	Yes	No
First Name									
		Linkage to ART			Yes	No	Family Planning	Yes	No
Last Name							Condom	Yes	No
		Refer to Reproductive Health (Family Planning: PMTCT)			Yes	No	VMMC	Yes	No
District of Birth							Legal Services	Yes	No
Date of Birth		Condom Promotion (If yes indicate number of condoms)			Yes	No	Cancer Screening	Yes	No
Age		Male condoms					PMTCT	Yes	No
Sex		Female condoms					Lubricants	Yes	No

Mothers first name								
				Lubricant			Referral Confirmation Stage	
Client ok with telephone number'	Yes	No		Refer to STI screening, prevention. and treatment	Yes	No		
Phone Number					Yes	No	Service Received	Date
				Risk Reduction				
				Gender and Gender Equality	Yes	No		
Target population	MSM	SW	TG					
				Sex and Sexuality Outreach/Empowerment	Yes	No		
Have you been tested for HIV before	Yes	No						
Transactional sex	Yes		No					
				Other Services			Cervical Cancer Screening ID	
				Did client access any services from the clinic	Yes	No	OI/ART Number	
UIC							Clinic Name	
				If Yes : what services:				
CORE - Unique ID								