



SLIP TO BE RETAINED BY REFERRER
PLEASE DO NOT PHOTOCOPY THIS FORM. USE ONLY FORMS FROM
TAZAMA

Q1	Form Number	Q1	3 0 0 0 9 0 0 6 5									
Q2	Today's date	Q2	D	D	-	M	M	-	Y	Y	Y	Y
Q3	Family name	Q3										
Q4	First name	Q4										
Q5	Middle name	Q5										
Q6	Date of birth	Q6	D	D	-	M	M	-	Y	Y	Y	Y
Q7	Age (In years)	Q7	1		1							
Q8	Sex	Q8	1 = Male		2 = Female		1					
Q9	Ward	Q9										
Q10	Village	Q10										
Q11	Sub-village	Q11										
Q12	Pregnant (<i>Skip is Sex is Male</i>)	Q12	1 = Yes		2 = No		9 = Don't Know		1			
Q13	Referred to	Q13	1 = Bugando Medical Centre		2 = Sekou Toure		3 = Kisesa CTC		4 = Magu CTC		1	
Q14	Referred for	Q14	1 = CTC		2 = PMTCT		9 = OTHER:		1			
Q15	Referred by (nurse's name)	Q15										
Q16	Place of VCT	Q16	1 = Kisesa Health Centre		2 = Sero		3 = Sekou Toure		4 = None		1	
Q17	Kisesa VCT number	Q17	1	1	1	1	1	1	1	1		



PATIENT SLIP
TAFADHALI ITUNZE KADI HII. UFIKAPO HOSPITALI ONYESHA KWA WAHUSIKA

Q1	Form Number	Q1	3 0 0 0 9 0 0 6 5									
Q2	Today's date	Q2	D	D	-	M	M	-	Y	Y	Y	Y
Q3	Family name	Q3										
Q4	First name	Q4										
Q5	Middle name	Q5										
Q6	Date of birth	Q6	D	D	-	M	M	-	Y	Y	Y	Y
Q7	Age (In years)	Q7	1		1							
Q8	Sex	Q8	1 = Male		2 = Female		1					
Q9	Ward	Q9										
Q10	Village	Q10										
Q11	Sub-village	Q11										
Q12	VCT completed	Q12	1 = Yes		2 = No		9 = Don't Know		1			
Q13	Referred to	Q13	1 = Bugando Medical Centre		2 = Sekou Toure		3 = Kisesa CTC		4 = Magu CTC		1	
Q14	Referred for	Q14	1 = CTC		2 = PMTCT		9 = OTHER:		1			
Q15	Referred by (nurse's name)	Q15										
Q16	Signature	Q16										
Please complete at the CTC Clinic												
Q17	Reg Number	Q17	1	1	1	1	1	1	1	1	1	1
Q18	CTC Number	Q18	1	1	1	1	1	1	1	1	1	1
Q19	Date Seen	Q19	D	D	-	M	M	-	Y	Y	Y	Y



HOLE PUNCH FOR BINDING

CUT ALONG DOTTED LINE

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