

PMTCT Referral Forms



Health Information System

10.4/5 PMTCT Referral Form

Section 1: Mother Information

| | | |
|------------------|------------------|--|
| <i>PMTCT No.</i> | <i>Gravidity</i> | <i>Status (Circle)</i> Refugee / National |
| <i>Age</i> | <i>Parity</i> | <i>HIV Status (Circle)</i> Positive / Indeterminate |

| Event | Date | Time | Remarks (Circle) |
|--------------------------|-------------|-------------|--------------------------|
| Admission to labour ward | | | |
| Onset of labour | | | Spontaneous / Induced |
| Swallowed ARV | | | |
| Membrane rupture | | | Spontaneous / Artificial |
| Delivery | | | <i>Mode of delivery:</i> |

Section 2: Newborn Information (fill more than one form if multiple pregnancy)

| | | |
|--------------------------------------|--------------------|--------------------------------|
| <i>Sex (Circle)</i> Male / Female | <i>Weight (kg)</i> | <i>Head circumference (cm)</i> |
| <i>Apgar Score</i> | <i>Length (cm)</i> | <i>Remarks</i> |

| Event | Date | Time | Remarks |
|--------------|-------------|-------------|---------------------------|
| Given ARV | | | Within 72 hours? Yes / No |

Section 3: Referral Information

| | | |
|---|--------------|--------------------|
| <i>Referred to (counsellor / clinic):</i> | <i>Date:</i> | <i>Print Name:</i> |
|---|--------------|--------------------|