

Health Information System

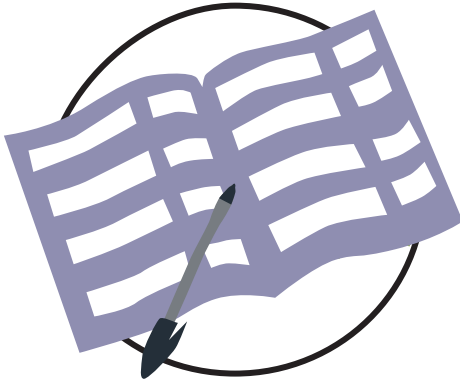
Organisation: _____

10.2 HIV Counselling and Testing (HCT)

Location: _____

* CONFIDENTIAL *

HCT Client Register



> Illustrated Guide to HCT Client Register

A								B		
Serial No.	HCT No.	Name	Age	Sex	Status (Ref / Nat)	Address	Date of visit	Prev. Tes (Y / N)	Referred from: *	Next appt. date

A Registration

Serial No.:
 > **Enter sequence number in register**

HCT No.:
 > **Enter unique identifying number**

Name:
 > **Print name of client**

Age:
 > **Fill age (in years)**

Sex:
 > **Enter Male (M) / Female (M)**

Status:
 > **Classify as Refugee (Ref) / National (Nat)**

Address:
 > **Print Camp Address (Refugee) / Nearest Village (National)**

Date of visit:
 > **Enter date (dd/mm/yy)**

Prev. test:
 > **Enter Yes (Y) or No (N) to indicate whether client has had previous test.**

B Visit Details

Referred from:
 > **Enter location client was referred from using options in the legend:**

1. Self referral	5. Out-patient dept. (not TB or STI)
2. TB clinic	6. Blood donation
3. STI clinic	7. Other (please specify)
4. In-patient dept.	

Next Appt date:
 > **Enter date of next scheduled appointment (dd/mm/yy)**

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10.2 HIV Counselling and Testing (HCT)

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HCT Client Register

All health information recorded in HCT is confidential. Access to this register should be restricted at all times. Registers should be stored out of public view when not in use, ideally in separate locations that are secured with a lock and key.

The health information system operates under a principle of shared confidentiality. Counsellors should enter results into this register on a “need to know” basis and only counselors and health care providers with a direct role in the management of clients should update individual HCT records.

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 - 3. STI clinic
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