

Health Information System

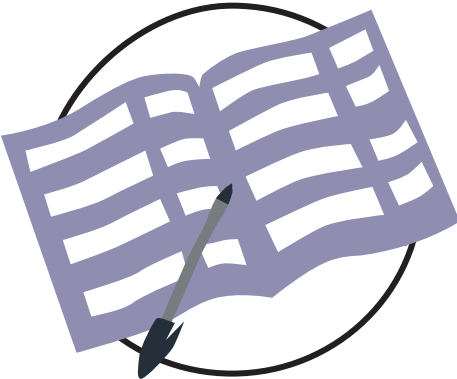
10.3 Prevention of Mother to Child Transmission (PMTCT)

Organisation: _____

Location: _____

*** CONFIDENTIAL ***

PMTCT Client Register



> Illustrated Guide to PMTCT Client Register

A								B					
Serial No.	PMTCT No.	Name	Age	Status (Ref / Nat)	Address	Date of visit	Prev. Test (Y / N)	Gravidity	Parity	No. of children	Gestational age	Type of counselling (Individual / Couple)	Next appt. date

A Registration

Serial No.:

> **Enter sequence number in register**

PMTCT No.:

> **Enter unique identifying number**

Name:

> **Print name of client**

Age:

> **Fill age (in years)**

Status:

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

Address:

> **Print Camp (Ref) / Nearest Village (Nat)**

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

Gravidity:

> **Number of pregnancy (see glossary)**

Parity:

> **Number of previous deliveries (see glossary)**

No. of children:

> **Number of surviving children**

Gest. age:

> **Enter gestational age in weeks (XX / 36)**

Type of counselling:

> **Classify as counselling session as Individual or Couple**

Next Appt date:

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

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10.3 Prevention of Mother to Child Transmission (PMTCT)

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PMTCT Client Register

All health information recorded in PMTCT 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 PMTCT records.

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