

Annual Serial Number	National ID#	Patient Details								HIV Test / ART Status						Visit Type only one			Seen within 4 weeks of making Appointment (Y) or (N)	Diagnosis					Treatment / Advice (Includes drug, dosage and duration)	Service Fee				
		Patient Name	Address	Age	Sex and Pregnancy status				Prev. Pos.		Pre. Neg. or never tested			New	Revisit	Referral	Name of test Conducted	Test Result		Diagnosis	Diagnosis type		Disease Code							
					Female, positive	Female, negative	Female, unknown	Male	Prev. pos. not on ART	Prev. pos. on ART	New. neg.	New pos.	Not Done								Confirmed	Presumed								
A	B	C				D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z		

Page Summaries						Page Summaries						Page Summaries					
Condition	Disease Code	Totals	Condition	Disease Code	Totals	Condition	Disease Code	Totals	Condition	Disease Code	Totals	Condition	Disease Code	Totals	Condition	Disease Code	Totals