# Swaziland HTC Client Record

Form No

Form will be in triplicate (original copy to be given to client, 1st copy to be given to the referral point, 2nd copy to remain in client HTC book)

**HTC Settings:**

Health Facility (name)

Other (specify)

Date of Visit (dd/mm/yyyy) / /

☐ VCT ☐ Home ☐ Community

Provider name:

**Client Information:**

Client first name

Client Code

Surname

Date of Birth (dd/mm/yyyy) / /

Physical address

Contact number

Client Gender ☐ Male ☐ Female Marital Status ☐ Single ☐ Married with one partner ☐ Polygamous ☐ Widowed ☐ Separated ☐ Divorce ☐ Cohabiting with one partner

Client can be contacted in future? ☐ Yes ☐ No

Can next of kin be contacted if client could not be reached? ☐ Yes ☐ No

If YES, name of next of kin

Contact number for next of kin

**HIV Testing Information:**

Ever tested for HIV? ☐ Yes ☐ No

If yes, when was your most recent HIV / (mm/yyyy)

If yes, what was your most recent HIV test result?

☐ NR ☐ R ☐ Indeterminate ☐ Never collected result

**Consent for testing:**

(Where verbal consent is given, provider should tick box and request for signature)

I agree that I/my relative/child may be tested for HIV today ☐

Ngiyavuma kuhlolwa simo sami sengati/sihlobo sami/umntfwana

Sign:

Thumb print

**If HIV positive:**

Have you attended an HIV care facility for care and treatment in the last 3 months?

☐ Yes Name of facility

☐ No (******Client should be referred to care and treatment******)

**Pre -Test Risk Assessment**

Are you or your partner pregnant? ☐ Yes ☐ No

Have you had genital sores or discharge? ☐ Yes ☐ No

Are you or your partner circumcised? ☐ Yes ☐ No

Have you talked to your partner about HTC? ☐ Yes ☐ No

Have you ever been treated for TB/partner ? ☐ Yes ☐ No

Have you had contact with human blood? ☐ Tattoo ☐ Transfusion ☐ Caring ☐ No

What is your partner's recent HIV status ☐ NR ☐ R ☐ Unknown

When ever you have sex,do you use condoms? ☐ Always ☐ Sometimes ☐ Never

How many sexual partners did you have in the last 6 months?

When was your recent unprotected sexual exposure? / /

Anticipated HIV results ☐ NR ☐ R ☐ Unknown

**Post Test Session**

Client received results ☐ Yes ☐ No

Final confirmation results if indeterminate ☐ NR ☐ R

Client coping mechanism ☐ Yes ☐ No

Final HIV test results ☐ NR ☐ R ☐ Indeterminate

Client to disclose results ☐ Yes ☐ No (If no, encourage disclosure)

Risk reduction plan for (tick each that applies):

☐ Condoms ☐ Male Circumcision ☐ Partner reduction ☐ Other:

If client tested negative and has risk factors that indicates the need for re-testing within two months;

Follow up counselling session scheduled? ☐ Yes ☐ No

Condom usage skills built and condoms provided? ☐ Yes ☐ No

**Referrals:**

Client referred for:

☐ Care and treatment services ☐ Nutritional Support ☐ Home based care ☐ TB Services

☐ STI screening and/or treatment ☐ Medical Male Circumcision ☐ Psychological and/or Social Support Groups ☐ Repeat testing for inconclusive results

☐ PMTCT services ☐ Family Planning Services ☐ DNA PCR ☐ Other (Specify) _____

Client prefers to go to the following health facility for HIV services (This section can be filled in by an additional counsellor where available):

Name of health Facility

Date the client is expected at referal point: / / *** within 2 weeks of HIV test ***

**TO BE FILLED IN BY RECEIVING POINT STAFF:**

Receiving Point Name

Date client seen (dd/mm/yyyy) / /

* TB screening should be conducted to every client attending HTC

** A negative test is only valid for 2 months from date of testing.

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