

**Outreach Worker Copy**

Client code: \_\_\_\_\_ Date of 1<sup>st</sup> contact: \_\_\_\_\_ Age: \_\_\_\_\_

<input type="checkbox"/> VCT testing	Date completed: _____	Place _____
<input type="checkbox"/> Long test	Date completed: _____	
<input type="checkbox"/> Results from long test	Date completed: _____	Results: _____
<input type="checkbox"/> Open file at CCC	Date opened: _____	CCC # _____
<input type="checkbox"/> CD4 test	Date completed: _____	
<input type="checkbox"/> Results from CD4 test	Date completed: _____	Results: _____ Signature: _____
<input type="checkbox"/> LFT test (if needed)	Date completed: _____	Results: _____ Signature: _____
<input type="checkbox"/> Sputum for TB day 1	Date completed: _____	
<input type="checkbox"/> Sputum for TB day 2	Date completed: _____	
<input type="checkbox"/> Sputum for TB day 3	Date completed: _____	
<input type="checkbox"/> Results from sputum tests	Date completed: _____	Results: _____ Signature: _____
<input type="checkbox"/> Chest X ray taken	Date completed: _____	
<input type="checkbox"/> X ray results read	Date completed: _____	Results: _____ Signature: _____
<input type="checkbox"/> (For positive TB) Date started medication:	_____	
<input type="checkbox"/> Significant medical problems (skin, STI, etc.)	Comments: _____	
<input type="checkbox"/> Assessment w/rehab (1)	Date completed: _____	By whom: _____
<input type="checkbox"/> Assessment w/rehab & family (2)	Date completed: _____	By whom: _____
<input type="checkbox"/> Assessment w/rehab (3)	Date completed: _____	By whom: _____
<input type="checkbox"/> Admission to rehab	Date of admission: _____	Rehab Centre: _____

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Additional Comments: \_\_\_\_\_  
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