



CCC Form for Tuonane Project Clients

CCC Case #: _____ CCC File Opened Date: _____

Tuonane Client Code: _____ Age: _____

Rehab Centre: _____

Admission date: _____ Release date: _____

CD4

CD4 test Date: _____ Results: _____

CD4 test Date: _____ Results: _____

CD4 test Date: _____ Results: _____

Opportunistic Infections

Type: _____ Treatment start date: _____

Type: _____ Treatment start date: _____

Type: _____ Treatment start date: _____

Type: _____ Treatment start date: _____

Type: _____ Treatment start date: _____

Type: _____ Treatment start date: _____

Type: _____ Treatment start date: _____

Type: _____ Treatment start date: _____

Type: _____ Treatment start date: _____

Type: _____ Treatment start date: _____

Type: _____ Treatment start date: _____

ARV Treatment

Started on: _____

Comments: _____
