



## FORM 3: ADULT PATIENT COUNSELLING FORM

(Form filled in by Counsellor)

South African ID Number:

Capturer:

Date of Visit:

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d	d
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/	m	m
---	---	---

/	y	y	y	y
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### A. GROUP COUNSELLING SESSIONS

#### Positive Living/Patient Literacy 1

Due Date

d	d	/	m	m	/	y	y	y	y
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Attend

Yes  No

Date Attended

d	d	/	m	m	/	y	y	y	y
---	---	---	---	---	---	---	---	---	---

Counsellor

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#### Drug Readiness/Patient Literacy 2

Due Date

d	d	/	m	m	/	y	y	y	y
---	---	---	---	---	---	---	---	---	---

Attend

Yes  No

Date Attended

d	d	/	m	m	/	y	y	y	y
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Counsellor

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#### Drug Adherence

Due Date

d	d	/	m	m	/	y	y	y	y
---	---	---	---	---	---	---	---	---	---

Attend

Yes  No

Date Attended

d	d	/	m	m	/	y	y	y	y
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Counsellor

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#### Nutritional Assessment

Due Date

d	d	/	m	m	/	y	y	y	y
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Attend

Yes  No

Date Attended

d	d	/	m	m	/	y	y	y	y
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Counsellor

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Other Patient Training (Specify) →

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Due Date

d	d	/	m	m	/	y	y	y	y
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Attend

Yes  No

Date Attended

d	d	/	m	m	/	y	y	y	y
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Counsellor

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### B. DISCLOSURE

1. Has the patient disclosed to anyone?  Yes  No

If Yes, to whom:

- Partner
- Family Member
- Household Member
- Friend
- Health Care Provider
- Employer
- Other (Specify) →

### C. TREATMENT SUPPORTER

Name:

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Address:

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Tel (work):

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Tel (cell):

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Comments:
