



## FORM 8: ADULT PATIENT EXIT FORM

(Form filled in by Counsellor)

South African ID Number:

Capturer:

Exit Date:

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d	d
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/	
m	m

/			
y	y	y	y

### A. REASONS FOR EXITING THE PROGRAMME

Please specify the reason for discontinuation from the programme:

- Patient Request (complete Section 1)
- Patient Deceased (complete Section 2)
- Patient Defaulted (complete Section 3)

#### 1. Patient requests to discontinue with the programme

1a. Date of Discontinuation:

d	d	/	m	m	/	y	y	y	y
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1b. What were the reasons:

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#### 2. Patient known/reported to be deceased

2a. Date of Death:

d	d	/	m	m	/	y	y	y	y
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2b. Cause of death known:  Yes  No

If Yes, what was the cause:

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2c. Source of Information:

- Death Certificate  Friend/Relative  Hospital Records  Other (Specify)

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#### 3. Patient Defaulted

3a. Default Date:

d	d	/	m	m	/	y	y	y	y
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3b. Please specify the contributory factors for Defaulting:

Factor	Yes	Options and Comments	
Substance Abuse	<input type="radio"/>	<input type="radio"/> Alcohol	<input type="radio"/> Drugs (Specify drug type/s) :
Psychiatric Illness	<input type="radio"/>	<input type="radio"/> Depression	<input type="radio"/> Schizophrenia <input type="radio"/> Other :
Other Reasons (Specify)	<input type="radio"/>		

3c. Source of Information:

- Patient  Friend/Relative  Other (Specify)

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Comments:

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