# FORM 1: PAEDIATRIC PATIENT REGISTRATION

*(Form filled in by Clerk/Data Capturer)*

**Birth Registration/SA ID Number:** | **Province:** N L | **Registration Date:** d d / m m / y y y y

**Patient Firstname:** | **Patient Surname:**

**Middle Names:** | **Hospital File Number:** *(if relevant)* | **Site Code:** | **Capturer:**

**ARV Billing:** ○ Government ○ Private/Other *(Specify):*

## A. DETAILS OF GUARDIAN

**Guardian Firstname:** | **Guardian Surname:**

**1. Is the Guardian the Primary Caregiver?** ○ Yes ○ No

**2. What is the Guardian's relationship to the patient?** *(Fill all that apply)*

○ Parent ○ Household Member ○ Other *(Specify)*
○ Family Member ○ Foster/Surrogate Parent

## B. DETAILS OF PRIMARY CAREGIVER *(Person responsible for bringing the child to the clinic)*

**Firstname:** *(If Primary Caregiver is different from the Guardian)* | **Surname:** *(If Primary Caregiver is different from the Guardian)*

**1. Home Language:** ○ Zulu ○ Xhosa ○ Sotho ○ English ○ Afrikaans ○ Other *(Specify)*

**2. English Ability:** *(Fill all that apply)* ○ Understand ○ Speak Little ○ Speak Well ○ Read ○ No English Ability

## C. PATIENT DETAILS

**1. Date of Birth:** d d / m m / y y y y

**2. Gender:** ○ Male ○ Female

**3. Population Group:** ○ Black ○ Coloured ○ Indian ○ White ○ Other *(Specify)*

**4. Home Language:** ○ Zulu ○ Xhosa ○ Sotho ○ English ○ Afrikaans ○ Other *(Specify)*

**5. Referred By:**
○ VCT Site ○ Self-Referral ○ Inpatient ○ Traditional Healer
○ PMTCT Site ○ TB Clinic ○ Outpatient ○ Other *(Specify)*

**6. Parents:** ○ Alive ○ Deceased

**6a. If Deceased, specify which parents:** ○ Mother ○ Father ○ Both Parents

## C. CONTACT DETAILS

**1. Patient's Primary Address:** *(Physical Address or Directions)*

**Area:**

**Postal Code:** **District Code:**

**2. Telephonic Details of Primary Caregiver:**

*(Only enter numbers - no brackets or dashes)*

**Tel (home):**

**Tel (work):**

**Tel (cell):**

## D. ALTERNATIVE ADDRESS

**1. Does the patient have another address that is visited regularly?** ○ Yes ○ No

**1a. If so, when does the patient go?**

○ Monthly ○ Twice a year ○ Quarterly ○ Annually

○ Other *(Specify)*

**1b. How long does the patient go for?**

○ Less than a month

○ More than a month *(Specify)* →

**1c. Directions to the alternative address:**

## E. ALTERNATIVE CONTACT PERSON *(Other than that of the Child's Guardian)*

**Who is the patient's alternative contact person/next of kin?**

**Name:**

**Address:**

**Area:**

**Postal Code** **District Code**

**Telephone:**

**What is the patient's relationship to this person:**

○ Mother
○ Father
○ Family Member
○ Household Member
○ Friend
○ Health Care Provider
○ Other *(Specify)* →

**HIV status disclosed to this person?** ○ Yes ○ No

## F. TRAVEL AND DISTANCE

**1. How long does it take for you to come from home to the hospital:**

○ Less than 30mins ○ 30mins to 1hr ○ 1hr to 2hrs ○ More than 2hrs

**1a. What will be your usual means of coming to the hospital:** ○ Bus ○ Car ○ Taxi ○ Train ○ Walk
*(Fill all that apply)*

**1b. What is the name of the nearest clinic to where you live:**

## G. SOCIAL SECURITY GRANTS

**1. Are you (the Guardian) the recipient of a Social Security Grant(s)?** ○ Yes ○ No ○ Applied *(If in doubt refer to a social worker - Question 4b)*

**1a. If Yes, what type of Grant(s) do you receive?**

○ Old Age Grant ○ Care Dependency Grant

○ Disability Grant ○ Child Support Grant → ☐☐ *(Specify for how many children)*

○ Social Relief of Distress Grant ○ Foster Care Grant → ☐☐ *(Specify for how many children)*

**1b. Refer to a social worker?** ○ Yes ○ No *(For Grant Application/Home Affair Assistance)*

## H. DOMESTIC FACILITES

**1. What type of Water Supply do you have in your home?** ○ Piped Water in Home ○ Communal Tap ○ Surface Water

**2. What type of Sanitation do you have at home?** ○ Flushing Toilet ○ VIP *(Non-Flushing Outside Toilet)*

**3. Do you have Electricity in your home?** ○ Yes ○ No

**4. What kind of Cooking Facilities do you use at home?** ○ Wood ○ Gas ○ Paraffin ○ Electrical Stove

**Comments:**