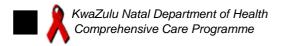


## **FORM 1: PAEDIATRIC PATIENT REGISTRATION**



(Form filled in by Clerk/Data Capturer)

Birth Registration/SA ID Number:	Province: Re	egistration Date:						
	N L	d d / m m / y y y y						
Patient Firstname: Patient Surname:								
Middle Names: Hospital File N	lumber: (if releva	nt) Site Code: Capturer:						
ARV Billing: O Government O Private/Other (Specify):								
A. DETAILS OF GUARDIAN								
Guardian Firstname: Guardian Surname:								
1. Is the Guardian the Primary Caregiver?								
2. What is the Guardian's relationship to the patient? (Fill all that apply)								
O Parent O Household Member	O Other (Spe	ecify)						
○ Family Member ○ Foster/Surrogate Parent								
B. DETAILS OF PRIMARY CAREGIVER (Person responsible for bringing	g the child to the cl	inic)						
Firstname: (If Primary Caregiver is different from the Guardian)  Sui	name: (If Prima	ary Caregiver is different from the Guardian)						
1. Home Language: O Zulu O Xhosa O Sotho O English O Afrikaans O Other (Specify)								
2. English Ability: (Fill all that apply) O Understand O Speak Little O Speak Well O Read O No English Ability								
C. PATIENT DETAILS								
1. Date of Birth: d d / m m / y y y y								
2. Gender: O Male O Female								
3. Population Group: O Black O Coloured O Indian O White O Other (Specify)								
4. Home Language: O Zulu O Xhosa O Sotho O English	O Afrikaans	Other (Specify)						
5. Referred By: O VCT Site O Self-Referral O Inpati	ent O Ti	raditional Healer						
O PMTCT Site O TB Clinic O Outpa	itient O O							
6. Parents: O Alive O Deceased	(Spe	Cilyj						
6a. If Deceased, specify which parents: O Mother O Father O Both Parents								



## C. CONTACT DETAILS

	A PROTOCOLOR							
1. Patient's Primary Address: (Physical Address or Directions)	2. Telephonic Details of Primary Caregiver:							
	(Only enter numbers - no brackets or dashes)							
	Tel (home):							
Area:	Tel (work):							
Postal District Code:	Tel (cell):							
D. ALTERNATIVE ADDRESS								
1. Does the patient have another address that is visited regularly? O Yes O No								
1a. If so, when does the patient go?	1c. Directions to the alternative address:							
	nnually							
Other (Specify)								
1b. How long does the patient go for?								
O Less than a month								
○ More than a month (Specify) →								
E. ALTERNATIVE CONTACT PERSON (Other than that of the Ch	nild's Guardian)							
Who is the patient's alternative contact person/next of kin?								
Name:	What is the patient's relationship to this person:							
	O Mother							
Address:	O Father							
	O Family Member							
	O Household Member O Friend							
Area:	Health Care Provider							
Postal Code District Code	○ Other (Specify) →							
	HIV status disclosed to this person? O Yes O No							
	niv status disclosed to this person? O les O No							
Telephone:								
F. TRAVEL AND DISTANCE								
1. How long does it take for you to come from home to the h	nospital:							
O Less than 30mins O 30mins to 1hr O 1hr to 2hrs O More than 2hrs								
1a. What will be your usual means of coming to the hosping (Fill all that app								
1b. What is the name of the nearest clinic to where you liv	ve:							



## E EZEMPLE.

## **G. SOCIAL SECURITY GRANTS**

1. Are you (the Guardian) the recipient of a	Social Security Grant(s)?	O Yes	O No	O 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	O Care Dependency Grant							
O Disability Grant	○ Child Support Grant →	(Specify for how many children)						
O Social Relief of Distress Grant	○ Foster Care Grant —	-	(Specify	/ for how many	y children)			
1b. Refer to a social worker? O Yes O No (For Grant Application/Home Affair Assistance)								
H. DOMESTIC FACILITES								
1. What type of Water Supply do you have in your home? O Piped Water in Home O Communal Tap O Surface Water								
2. What type of Sanitation do you have at home? O Flushing Toilet O 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? O Wood	O Gas	○ Para	affin 🔘 Ele	ectrical Stove			
Comments:								