



FORM 8: PAEDIATRIC PATIENT EXIT FORM

(Form filled in by Counsellor)

Birth Registration/SA ID Number:

Capturer:

Exit Date:

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d	d
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/	m	m
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/	y	y	y	y
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A. REASONS FOR EXITING THE PROGRAMME

Please specify the reason for discontinuation from the programme:

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

1. Request 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:

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:

2c. Source of Information:

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

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3. 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	Not coping	Disinterested	Deceased	Too sick	Comments
Parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Caretaker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

3c. Source of Information:

- Patient Caregiver Friend/Relative Other (Specify):

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