This	book i	s nu	mber	ed
from		to		



REPUBLIC OF ZIMBABWE MINISTRY OF HEALTH AND CHILD CARE

MOHCC Community Referral Tool

Province:	
District:	
Name of Catchment Health Centre:	
Health Facility Code:	
Time Period of Register:From	Γο





Serial No:

Defending Ouganization (Feedlite)		Defenning Office Oleman 1 C	to at Dataila)	
eferring Organisation/Facility:		Referring Officer(Name and Con	tact Details)	
lease receive (Client Surname): (First Name):		First Name of Client's Mother/Caregiver (Only for children and adolescents)		
ex: M F Marital Status (circle):	Married. Single. Widowed. Divorced.	Client Programme ID Nº(Which co	uld be ANC/PMTCT/ART) Please indic	
ate of Birth:	Age:	National ID Nº:		
elephone No		District: Community/Facility:		
Referred to (site/department/organisation):		Date Referred:	· ·	
ircle below the services you are referring	g this client for. (Multiple Response) If o	other please specify		
1 Pre-ART registration	11 HIV Rapid Test/HTS	20 Post Exposure	28 CARG enrolment	
2 ART Initiation	12 ART official transfer	Prophylaxis	29 Cancer of Cervix	
3 ART refill (defaulters)	13 ART reinitiating (LTFU) or	* *	Screening	
	Stopped	21 PrEP		
	14 CD4 Count	22 Psycho-social support	30 Victim Friendly Services	
5 PMTCT/Option B+	15 FBC Test	23 Support Groups eg	(Police, courts)	
6 CTX/OI Management	16 LFT Test	CATS	31 Legal counsel	
7 Economic Strengthening	17 U&Es Test	24 TB screening/management	32 Educational	
8 Emergency contraception	18 Viral Load Test/HTS	25 Family Planning	33 Emergency Shelter	
9 Pre-Art Counseling	19 DBS- PCR HIV Testing	26 VMMC		
Enhanced Adherence Counseling		27 STI –screening /treatment		
32 Other (Specify):				
ick in the box when feedback is receiv	wad (to be completed of the carbon com	which stays) Data Faadhs	nck Received:	
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