

Annex 1: Integrated client card

II. Initial Evaluation plus Promotive and Preventive Care					
General Exam		Gyn Exam		Counseling /Testing, HIV+ Care and follow up	
General _____		Vulvar Ulcer <input type="checkbox"/> Y <input type="checkbox"/> N	Danger signs in pregnancy & delivery advised <input type="checkbox"/> Y <input type="checkbox"/> N	HIV test result received with post test counseling <input type="checkbox"/> Y <input type="checkbox"/> N	
Pallor <input type="checkbox"/> Y <input type="checkbox"/> N	Vaginal discharge <input type="checkbox"/> Y <input type="checkbox"/> N	Birth Preparedness advised <input type="checkbox"/> Y <input type="checkbox"/> N		Counseled on Infant feeding <input type="checkbox"/> Y <input type="checkbox"/> N	
Jaundice <input type="checkbox"/> Y <input type="checkbox"/> N	Pelvic Mass <input type="checkbox"/> Y <input type="checkbox"/> N	MOTHER HIV test accepted <input type="checkbox"/> Y <input type="checkbox"/> N		Referred for care, treatment and support <input type="checkbox"/> Y <input type="checkbox"/> N	
Chest Abn. <input type="checkbox"/> Y <input type="checkbox"/> N	Uterine size (Wks) _____	HIV test result <input type="checkbox"/> R <input type="checkbox"/> NR <input type="checkbox"/> I		PARTNER Partner HIV test result <input type="checkbox"/> R <input type="checkbox"/> NR <input type="checkbox"/> I	
Heart abnormality <input type="checkbox"/> Y <input type="checkbox"/> N	Cervical Lesion <input type="checkbox"/> Y <input type="checkbox"/> N				

III. Present Pregnancy: Follow Up				
	1st visit (better before 16 wks)	2nd visit (better 24 - 28 wks)	3rd visit (better 30 -32 wks)	4th visit (better 36-40wks)
Date of visit				
Gestation age (LMP)				
BP				
Weight (Kg)				
Pallor				
Uterine height (Wks)				
Fetal heart beat				
Presentation				
Urine test for infection				
Urine test for protein				
Rapid syphilis test				
Hemoglobin				
Blood Group and Rh				
TT (dose)				
Iron/Folic Acid				
Mebendazole				
Use of ITN				
ARV Px (type)				
Remarks				

	First visit	Second visit	Third Visit	Fourth Visit
Danger signs identified and Investigation:				
Action, Advice, counseling				
Appointment for next follow-up				
Name and Sign of Health care Provider				