

LINK IN FORM

(Form for referral of PLHIV from LAC/LAC plus to Nodal ART Centre)

Date of Referral Back _____

Name **LINK ART CENTRE/LAC plus** _____

Name and address of **NODAL ART CENTRE**, _____

Name of Patient: _____ Link ART Id.No. _____

Nodal Pre- ART No. (for Pre-ART) _____ Nodal ART No. (for on ART). _____

Address & Phone No. of Patient: _____

Current Clinical Stage – WHO Stage - _____, CD4 - _____

Last date of ARV refill: _____

Next date of dispensing drug: _____

Current Regimen – _____

Reason for referring: ART eligibility/ Routine 6 monthly Follow up / major OI / major SE / Others
(Please Specify)

Remarks: _____

Please find the following documents handed to the patient:

Updated Patient treatment record (White Card)(photocopy)

Patient Booklet(Green Booklet)

Others, if any (mention) _____

Name and Signature of M.O of Link ART Centre

Phone no. and E mail of M.O of LAC/LAC plus

To be filled by the receiving of Nodal ART Centre and sent to the referring LAC/LAC plus centre by
post / email

..... (Name of Patient), with Link ART Id No
_____ referred by you on date / /

Has reported to us on / / The documents sent by you have been received.

Name and Signature of SMO/MO

Phone no. with E mail of SMO/MO