



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

NATIONAL DEPARTMENT OF HEALTH

VOLUNTARY MEDICAL MALE CIRCUMCISION REFERRAL/LINKAGE TO CARE & TREATMENT REGISTER

Version 1

January 2021

PROVINCE:.....
FACILITY NAME:
FACILITY UNIQUE IDENTIFIER:.....
START DATE:
END DATE:.....

Guide for the use of Referral/Linkage Register

1. OVERVIEW AND INSTRUCTIONS

- Clients who have tested positive for HIV at the VMMC site must be linked to care and treatment in the appropriate facility or unit.
- Clients who are diagnosed with pre-existing medical conditions at the VMMC site, which these conditions are contra-indicated to the VMMC procedure, must be referred to a relevant facility or unit.
- Clients who are between 10-14 years of age presenting at a 15 years and above VMMC site (PEPFAR supported sites), must be referred to the nearest site.
- All clients who have been referred or linked to care and treatment must be recorded in the referral/linkage register.
- All clients recorded in the referral/linkage register must be followed up by the referring facilities to assess if they are eligible for VMMC after treatment monthly.
- All referred facilities after treating the referred clients must provide a written medical report to the referring facilities
- The register should always be placed at a designated, safe and secure place or service point.
- Completed clinic registers should be stored in a safe place for seven (7) years.
- All information entered in the register should be legible and must be in permanent black ink.
- A new page for each month should be used to capture data for linkage/referral clients. Start a new month on a new page.
- Always complete all demographic details on the register such as district and patient details.
- Record the actual age of the client in the appropriate age group column.

If you make an error on an entry into the register, please draw a straight line through all the data recorded on that line, sign and date. Make a new entry on the next line.

2. DEFINITION OF DATA ELEMENTS

- **District:** is the name of the district in which the MMC facility is located.
- **Facility:** is the clinic, CHC, hospital or any other approved structural facility at which MMC procedures were successfully performed. (NB: All mobile clinics must be linked to a fixed facility)
- **No:** is the number of males who successfully underwent MMC.
- **Date of referral:** is the day on which a client was referred for treatment.
- **Names and surname:** full names and surname of the potential MMC client as per documents presented for identification.
- **File number:** is a number allocated for a potential MMC client.
- **D.O.B:** this is the date of birth of the client (use the format indicated in the register)
- **Facility referred to:** This is the facility/unit which the client was sent to, for further management.
- **Reason for referral/linkage:** It is the diagnosis or findings that led to the client being referred or linked to care.
- **Receiving facility focal person:** This is the person who will receive the client on the referral facility,
- **Signatures and dates:** The Clinician signature at the end of a row is required to account for the information entered.



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PARTNER:	
SITE NAME:	
DISTRICT:	
MONTH:	
YEAR:	

NO.	DATE OF REFFERAL	CLIENT NAME & SURNAME	CLIENT ID/DOB	FILE NUMBER	CONTACT NUMBERS	FACILITY REFERRED TO FOR CARE & TREATMENT	REASON FOR REFFERAL/LINKAGE	RECEIVING FACILITY FOCAL PERSON/LINKAGE OFFICER	DATE WHEN SERVICES WERE RENDERED	OUTCOME/COMMENT AND DATE	STAFF NAME & SIGNATURE
1	YYYY/MM/DD		YYYY/MM/DD								
2											
3											
4											
5											
6											
7											
8											
9											
10											
							TOTALS:				