

TOOL UTILIZATION AND DOCUMENTATION AUDIT FORM			
Name of Facility:			
Name of Auditor:			
Review Month:			
Date of Abstraction:			
TOOL UTILIZATION	IN USE (YES/NO)	AVAILABLE STOCK	COMMENTS
National HCT register			
National HCT client intake forms			
National HIV testing worksheet			
National HIV request and result form			
National referral register			
HTC monthly summary form			
DOCUMETATION AUDIT (HCT register)	Enter yes if done, no if not done	How many clients were registered?	How many had this indicator documented?
Is the tested column filled completely for all clients seen within the month?			
Is the HIV test result filled completely for all clients within the month?			
Is syndromic STI screening done and filled completely for all clients within the month?			
Is clinical TB screening filled completely for all clients within the month?			
TOOL UTILIZATION	IN USE (YES/NO)	AVAILABLE STOCK	COMMENTS
Referral register			
Patient referral form			
DOCUMETATION AUDIT (Referral register)	Enter yes if done, no if not done	How many clients were registered?	How many had this indicator documented?
Are the demographics completely filled completely for all clients referred within the month? Check that phone no., age and sex are documented			

Are the referral fields filled completely for clients registered within the month?			
Are the services given appropriately filled? Check that request code, provided (yes/no), date, and type of follow up are documented.			
TOTAL			