## Client's Checklist for eligibility of key services at Care and Treatment Clinics at each Clinic visit

**CTC ID NO:** **CLIENT's INITIALS:**

| | Eligibility | | | | | Services provided | | | | | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | Viral load | IPT START | IPT CPLT | MMS | EAC | Viral load | IPT START | IPT CPLT | MMS | EAC | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Key:

1. Please mark with √ if client is eligible and √ if service was provided.
2. Mark with X if client is ineligible and X if service was not provided.
3. Viral load includes all criteria for VL testing
4. IPT CPLT is IPT Completion after 6 months of IPT
5. Mark with √ for each EAC session and √ if EAC was provided
6. Use the comment section to comment on reasons as to why the service was not provided incase it was not.