

PROGRAMME
NUMBER

MAISHA INTERNATIONAL FOUNDATION
LIVING POSITIVE PROGRAMME



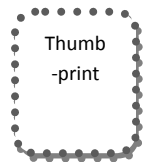
HIV/AIDS PATIENT ENROLLMENT FORM

Province District
Division Location
Sub Location Village

PERSONAL INFORMATION

1. First Name _____ 2. Middle Name _____
3. Last Name _____ 4. Nick Name _____
5. National ID # _____ 6. Date of Birth _____
7. Age _____ 8. Male , Female 9. Tribe _____ 10. Religion _____
11. Which illness/disability does patient have? HIV/AIDS , Tuberculosis , Other _____
12. Length of time living with disease _____
13. Medicines _____
14. Are you a widow/widower? Yes , No 15. If yes, did they die of HIV/AIDS? Yes , No
16. Highest level of education _____ 17. Number of children currently living in household? _____
18. Contact address _____
19. In which type of business does/did this person engage? _____
20. Special talents/abilities _____

I certify that the information given on this form is true and will be held liable for any misinformation.
I also promise to act in the best interest of the Maisha group.



Signature _____ Date _____

This section for use by enrollment officer only

Risk Level – Low , Medium , High Place/Date of Enrollment _____ / _____

Case History/Notes/Recommendations _____

Enrollment Officer Name _____ Enrollment Officer Signature _____