

1. Details of referring clinic

Address:



Who to contact:

Patient ID:

2. Past History:

Date	KC60 code or diagnosis

3. Screening tests at referring clinic

Test	Performed		Date	Result			Comments
	Yes	No		Pos	Neg	N/K	
STS							
GC							
CT							
NSU							
TV							
HSV							
HIV							

4. Present condition

KC60 code(s)

Other diagnoses

Yes No N/A

Treated ?

Contacts seen ?

TOC performed ?

5. Treatment of present condition

Date started	Treatment	Response

6. Comments

7. Details of new clinic

Address:



Telephone:

AGUM V15/2000



Personal Transfer Card