|  |  |  |  |
| --- | --- | --- | --- |
| **Client Names:**  |  | **Date : ………/……./…………** | **Telephone No. ………………………………….**  |
| **OPD/IPD:**  |  | **Village** |  |
|  |  | **Paris** |  |
| **Sex** |  | **Subcounty** |  |
| **Age** |  | **Highest Level of Education**1. **None**
2. **Primary**
3. **Secondary**
4. **Tertially**
 |  |
| **Marital Status**1. **Single 3) Divorced**
2. **Married/Cohabiting 4) Widowed**
 | **Screening point at****Facility** | **……………………………………………………………………..** |
| **Pyschological Violence** | In the past 12 months has anyone threatened, humiliated/shamed, or otherwise caused you to feel afraid? **If yes when………….and by who…………………….** | Yes | No |
| **Emotinal and denial of right**  | In the past 12 months has anyone prevented you from coming to the health clinic, taking your medication, or receiving other treatment for your health? **If yes when………….and by who…………………….** | Yes | No |
| **Pyshical Violence** | In the past 12 months has anyone hit, kicked, slapped, or threatened you with physical harm?**If yes when………….and by who…………………….** | Yes | No |
| **Sexual Violence** | In the past 12 months has anyone: -Touched your private body parts when you did not want them to? *If yes* ***probe*** *for who and when?* -forced you to have sex? *If yes* ***probe*** *for who and when* -refused to use a condom when you wanted them to use one? *If yes* ***probe*** *for who and when?*  | Yes | No |
| Yes | No |
| Yes | No |
| **Services offered** | 1. HIV test
2. STI screening & treatment
3. PEP
4. Adherence counselling
5. HEP B vaccine
 | 1. Tetanus
2. Emergency Contraception
3. Trauma counselling
4. Pregnancy test
5. Treatment for injuries
6. Reffererral to police
 |  |

Help given……………………………………………………………………………………………………………………………………

Referred (where)…………………………………………………………………………………………………………………………

*Name of the provider……………………………………….. Cadre………………………………………………………………*

* **Services to provide:** Medical examinations and treatment, counseling support, STI/UTI screening for exposed clients, emergency contraception where legal and appropriate, referrals for legal support, Shelter, Child Protection Services, economic Empowerment
* **For sexual violence only**: Rapid HIV testing and provision of PEP for eligible clients