|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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