

FORM 3: ADULT PATIENT COUNSELLING FORM



(Form filled in by Counsellor

Drug Readiness/Patient Literacy 2 Due Date d d / m m / y y y y Attend O Yes O No d d / m m / y y y y Drug Adherence Due Date d d / m m / y y y y O Yes O No d d / m m / y y y y Nutritional Assessment		(I diffi filled iii by Co	•	
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If Yes, to whom: ○ Partner ○ Family Member ○ Household Member ○ Friend ○ Health Care Provider ○ Employer ○ Other (Specify) → Tel (cell):	B. DISCLOSURE		C. TREATMENT SUPPORTER	
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 ○ Friend ○ Health Care Provider ○ Employer ○ Other (Specify) → Tel (work): Tel (cell): 	○ Family Member			
 ○ Health Care Provider ○ Employer ○ Other (Specify) → Tel (work): Tel (cell): 	O Household Member			
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