1	А	F	Н					
2	Date DD/MM/YYYY	S.No. for episode of care	Master No.	Name	Postal address and E-mail address	Telephone Number	Sex (M/F)	Age (Years)
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F	1	J	к	L	М	N	0	P	Q	R	S	Т	U	MR/S	siM/20)16
ľ	Marital Status	Reason for Attendance	Diagnoses (Include all diagnoses of an epidsode in a single cell)	Please insert a V mark for			relevant columns for the patient. This will the total number of V mar			be helpful	for the co	unting purpose. In previous row, count				
3	2. Married/ Living- together 3.Separated/Divorced/ Widowed 4.	1. Contact of patient (write the slip number) 2. Voluntary 3. Referral for Medico- legal purposes 4. Others	(TV, GC, ON, NGU, NGC, CHL, S1, S2, S3, S4E, S4L, S5, S6, S7, S8E, S8L, BV, CAN, GI, LGV, HSV, HIV, GW, HBV, HCV etc.,)	Age < 15 years	Age 15- 24 years	Age 25- 49 yeard	Age 50 or over	NGO escorted	Sex worker	MSM	DU	IDU	Beach boy	Prisoner	HIV tested	Received HIV results
4																
5																
- 6																
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1:	Tota	al number of newly re	gistered (first Time) patients - (Page Total)								Prepared an Programme,	d Distributed by: 3 29, De Saram pla	Strategic Informati ce, Colombo 10. Te	on Management (: el: 011 2682859, 01	IM) Unit, Nationa 1 2667163	Il STD/AIDS Control