ChildCount+ Form P2: Initial Antenatal Visit

Facility Name _____

PREGNANCY ENROLLMENT: For health centers to enroll pregnant women at first visit

Date	**HEALTH ID** (found on sticker in inside front cover of maternal health book)	**Initial Antenatal Visit**	**Length of Pregnancy in Weeks**	**Expected Date of Delivery** [DDMMYY]	**HIV+** [y/n]	**Blood Drawn for CD4** [y/n]	**Next Appointment**	**Date of Next Appointment** [DDMMYY]
		+IAV					+APT	
		+IAV					+APT	
		+IAV					+APT	
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		+IAV					+APT	
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		+IAV					+APT	
		+IAV					+APT	
		+IAV					+APT	

DBS Results Returned

Date	**Health ID**	**Health ID**	**Health ID**	**Health ID**	**Health ID**	**Health ID**	**Health ID**	**Health ID**	**DBS Results Returned**
									+DBS
									+DBS
									+DBS