ChildCount+ Form FP2: Initial Antenatal Visit

Facility Name _____

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

Date	PREGNANT WOMAN'S CHILDCOUNT+ HEALTH ID	Initial Antenatal Visit	Expected Date of Delivery [DDMMYY]	HIV Test	HIV+ (Y-N-U- NC)	Blood Drawn for CD4 [Optional] (Y-N-U)	Next Appointment	Date of Next Appointment [DDMMYY]
		+PF		+HT			+AP	
		+PF		+HT			+AP	
		+PF		+HT			+AP	
		+PF		+HT			+AP	
		+PF		+HT			+AP	
		+PF		+HT			+AP	
		+PF		+HT			+AP	
		+PF		+HT			+AP	
		+PF		+HT			+AP	
		+PF		+HT			+AP	
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		+PF		+HT			+AP	
		+PF		+HT			+AP	