

**Tools for Establishing
Referral Networks for
Comprehensive HIV Care in
Low-Resource Settings**

FAMILY HEALTH INTERNATIONAL

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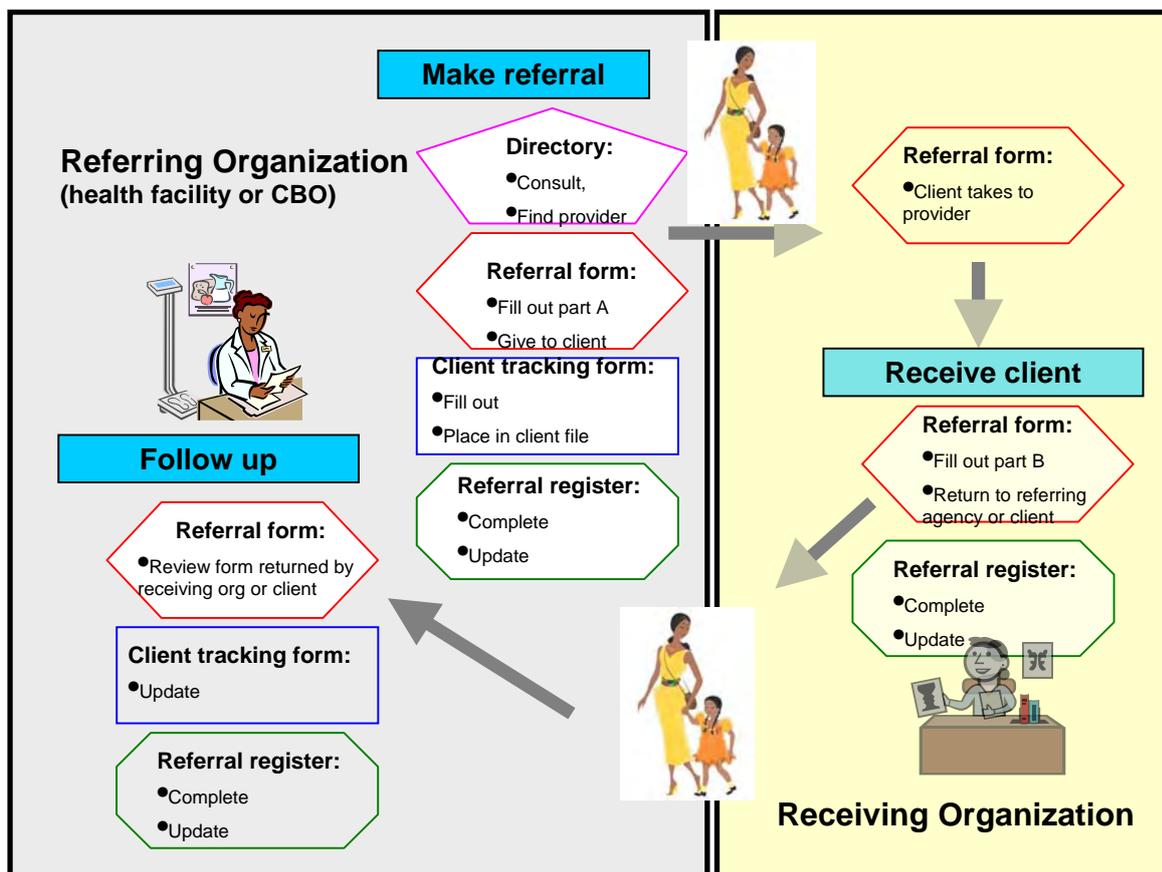
Tools to Facilitate the Referral Process

In this document, different forms and tools are discussed, such as a directory of services, referral forms and referral registers. Having such tools standardized and available to organizations in the referral network is critical to maintaining accuracy, efficiency and consistency.

These sample tools can be adapted for different settings. Each tool is accompanied by instructions that describe how the tool is designed to be used. The tools presented include:

- Directory of services (and data collection and update form).
- Referral form.
- Client tracking form.
- Referral register.

Diagram 1: The referral process and corresponding forms



Tool 1: Directory of Services

Instructions for Directory of Services

1. A directory of services provides an inventory of all organizations providing HIV-related services for PLHA and their families within a geographic catchment area.
2. To allow for easy identification of services and organizations and facilitate the search for the most appropriate organization for referral, the directory is divided into two parts, A and B, both of which will include the following information:

- Name of organization.
- Services provided.
- Fees for service if applicable.
- Address.
- Phone number.
- Hours of service.
- Contact person.

In part A, services will be listed by the *name of the organization* providing them. The headings in Part A are:

Organization	Services provided (use codes)	Fees for services	Address	Phone number	Hours of service	Contact person
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Part B will be organized by the *type of service provided*. The headings in Part B are:

Service provided	Organization	Fees for services	Address	Phone number	Hours of service	Contact person
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3. Examples of categories for types of services provided may include:

1. Adherence counseling	8. Food support	15. Nutrition counseling	23. Prevention services	29. Support for domestic violence victims
2. Antiretroviral therapy	9. HIV counseling and testing	16. OB/GYN services	24. Psychosocial support	30. Treatment support
3. Child care	10. Home-based care	17. Peer counseling	25. Social services	31. TB services
4. Clinical care	11. Legal support	18. PEP services	26. Spiritual support	32. Youth support groups
5. Education/schooling	12. Material support	19. Pharmacy	27. STI services	33. Other_____
6. Family planning	13. Mental health services	20. PLHA support	28. Substance abuse management	
7. Financial support	14. Microfinance	21. PMTCT services		
		22. Post-test clubs		

4. Maintaining the directory is extremely important because the information will need continual updating as organizations initiate, expand or reduce services, and as contact persons change.

- The responsibility for updating and maintaining the directory of services should be assigned to the network's coordinating organization. A designated person at the coordinating organization is responsible for collecting and updating data for the directory. Distributing the new information to all organizations within the referral network is also the responsibility of the coordinating organization.
- Directory updates should be scheduled at least every quarter.
- The directory will include extra data collection and update forms (see below) for organizations to update their information.
- Updated information will be collected and distributed at the regular network meetings.

- The directory should be put together or bound in such a way that pages can be easily added and removed as updates are made.

Directory of Services Form

The directory is maintained by _____ (name of organization) on a _____ (time frame, for example, monthly) basis. If your organization needs to update its information, contact: _____ (name of person at coordinating organization). The Data Collection and Update Form (below) can be used to update the directory.

Part A: Services listed by organization name:

Organization	Services provided (use codes)	Fees for services	Address	Phone number	Hours of service	Contact person
Name of Organization A						
Name of Organization B						
Name of Organization C						
Name of Organization D						
Etc...						
For services use the following numeric codes:						
1. Adherence counseling	8. Food support	14. Microfinance	21. PMTCT services	28. Substance abuse management		
2. Antiretroviral therapy	9. HIV counseling and testing	15. Nutrition counseling	22. Post-test clubs	29. Support for domestic violence victims		
3. Child care	10. Home-based care	16. OB/GYN services	23. Prevention services	30. Treatment support		
4. Clinical care	11. Legal support	17. Peer counseling	24. Psychosocial support	31. TB services		
5. Education/ schooling	12. Material support	18. PEP services	25. Social services	32. Youth support groups		
6. Family planning	13. Mental health services	19. Pharmacy	26. Spiritual support	33. Other_____		
7. Financial support		20. PLHA support	27. STI services			

Part B: Organizations listed by services provided

Services provided by category	Organization	Fees	Address	Phone number	Hours of service	Contact person
1. Adherence counseling						
2. Antiretroviral therapy						
3. Child care						
4. Clinical care						
5. Education/schooling						
6. Family planning						
7. Financial support						
8. Food support						
9. HIV counseling and testing						
10. Home-based care						
11. Legal support						
12. Material support						
13. Mental health services						
14. Microfinance						
15. Nutrition counseling						
16. OB/GYN services						
17. Peer counseling						

18. PEP						
19. Pharmacy						
20. PLHA support						
21. PMTCT services						
22. Post-test clubs						
23. Prevention services						
24. Psychosocial support						
25. Social services						
26. Spiritual support						
27. STI services						
28. Substance abuse management						
29. Support for domestic violence victims						
30. Treatment support						
31. TB services						
32. Youth support groups						
33. Other_____						

Data Collection and Update Form for Directory of Services

Please use this form to enter your organization into the directory of services and to update the directory with changes. Updates should be sent to _____ (person) at _____ (coordinating organization).

Date				
Name of organization				
Description of organization				
Services provided (please circle all that apply in the table below):				
1. Adherence counseling	8. Food support	14. Microfinance	21. PMTCT services	28. Substance abuse management
2. Antiretroviral therapy	9. HIV counseling and testing	15. Nutrition counseling	22. Post-test clubs	29. Support for domestic violence victims
3. Child care	10. Home-based care	16. OB/GYN services	23. Prevention services	30. Treatment support
4. Clinical care	11. Legal support	17. Peer counseling	24. Psychosocial support	31. TB services
5. Education/schooling	12. Material support	18. PEP services	25. Social services	32. Youth support groups
6. Family planning	13. Mental health services	19. Pharmacy	26. Spiritual support	33. Other _____
7. Financial support		20. PLHA support	27. STI services	
Address and description of location				
Hours of operation				
Primary contact person				
Secondary contact person				
Telephone number				
Fees for services				
E-mail address				
Fax number				

Tool 2: Client Referral Form

Instructions for Client Referral Form

1. The client referral form is standardized throughout the referral network to ensure that the same essential information is conveyed by referring and receiving organizations.
2. The form is divided into two sections:
 - a. Part A, the referral slip, is completed by the organization making the referral (referring organization).
 - b. Part B, services provided, is completed by the organization fulfilling the referral (receiving organization).
3. The person/organization initiating the referral completes the Referral Slip (Part A), which includes the following information:
 - a. Date of referral.
 - b. Client's name and date of birth.
 - c. Name of person initiating referral.
 - d. Name, address and phone number of the organization/facility initiating referral.
 - e. Name of contact person at organization where client is being referred.
 - f. Name, address and phone number of organization where client is being referred.
 - g. List of the service(s) for which the client has been referred. Use the codes at the bottom of the form to indicate services needed. Space is provided to write additional notes regarding the client's needs.
4. Clients or family members are given the referral form directing them to the appropriate organization(s) for the services they need.
5. Clients or family members present the referral form at the receiving organization. The information on the referral form informs the service provider of the client's needs.
6. After the requested services are rendered, the provider at the receiving organization completes Part B (services provided), which includes the following information:
 - a. Date service(s) provided.
 - b. Services provided.
 - Use codes at the bottom of the form to indicate services provided.
 - Indicate if the services were completed as requested.
 - If follow-up services are needed, please specify using the code and schedule a date.
 - c. Additional comments.
7. The completed client referral form is either sent directly to the referring organization or returned there by the client on the next visit.

CLIENT REFERRAL FORM	
<ul style="list-style-type: none"> Referring organizations: please fill out Part A and ask client to take it to the receiving organization. Please fill out one form per service needed. Receiving organization: please fill out Part B and either return it directly to the referring organization or ask the client to return it to the referring organization at next visit. 	
Part A: Referral Slip: To be filled out by the organization making the referral (referring organization)	
Date:	
Client Name:	Date of Birth:
Referred from:	
Person:	Organization:
Address/phone number:	
Referred to:	
Person:	Organization:
Address/phone number:	
Services Needed/notes (please use codes below):	

Part B: Services Provided: To be filled out by the organization fulfilling the referral				
Date:				
Services Provided:				
<input type="checkbox"/> Services provided (please use codes below): _____				
<input type="checkbox"/> Services completed as requested ____ Yes ____ No				
<input type="checkbox"/> Follow-up needed: services: _____ Date for follow-up: _____				
Additional Comments:				
For services use the following codes:				
1. Adherence counseling	8. Food support	15. Nutrition counseling	22. Post-test clubs	29. Support for domestic violence victims
2. Antiretroviral therapy	9. HIV counseling and testing	16. OB/GYN services	23. Prevention services	30. Treatment support
3. Child care	10. Home-based care	17. Peer counseling	24. Psychosocial support	31. TB services
4. Clinical care	11. Legal support	18. PEP services	25. Social services	32. Youth support groups
5. Education/schooling	12. Material support	19. Pharmacy	26. Spiritual support	33. Other _____
6. Family planning	13. Mental health services	20. PLHA support	27. STI services	
7. Financial support	14. Microfinance	21. PMTCT services	28. Substance abuse management	

Tool 3: Client Referral Tracking Form

Instructions for Client Referral Tracking Form

Preparing the client file

1. The client referral tracking form should go into the client's file. Ideally the form will be stapled into the client file or bound in a secure manner.
2. The staff member designated as being responsible for referrals will ensure that all new client files contain a client referral tracking form and that the form is added to all existing client files. It is the responsibility of the designated team member to complete the top of the form with the client's name and registration or antiretroviral therapy (ART) number (if applicable).

Making a referral

3. The person making the referral must complete the following information on the referral tracking form:
 - a. The date the referral is made.
 - b. The name of the organization to which the client is referred.
 - c. The services for which the client is being referred (using the numeric codes listed at the bottom of the form). For example, if a client is being referred for home-based care and nutrition counseling, list 10 (home-based care) and 15 (nutrition counseling).

The information from the client referral tracking form is entered into the referral register. A specific staff member must be designated to carry out this daily duty.

Following up on a referral

4. Ideally, the person who initiated the referral will follow up with the client at the next visit, although all members of the team should ask clients to report on any referral services received. The following information should be recorded on the client referral tracking form:
 - a. If the client received referral services, ask for Part B of the client referral form. Part B should have been completed by the person who rendered services at the receiving organization and will provide the essential information regarding services rendered and follow-up needed. This information must be transcribed on the client referral tracking form and then into the referral register.
 - b. If the client does not have Part B of the client referral form, or if it is incomplete, ask the following questions and record information on the client referral tracking form.
 - Did the client receive the service(s) to which they were referred? If the answer is yes, record the date service(s) were received. If the answer is no, probe to understand the reason the client did not seek or receive the service(s).
 - Were the client's needs met by the organization to which they were referred? If the response is no, probe to understand why and advise appropriately.

- Ask if follow-up referrals are required. If yes, refer to the “making a referral” section above, fill out Part A of a new client referral form and give it to the client, and fill in a new line of the client referral tracking form.
- c. When completing the client referral tracking form, note the date that the follow-up information was recorded.
- d. The client’s initial and follow-up referral information on the client referral tracking form must be transcribed to the referral register. This is the responsibility of the designated team member. After a client’s information has been transcribed to the register, check the box on the far right to indicate this to eliminate duplication.

Client Referral Tracking Form

Client Referral Tracking Form (to remain in client file)

Patient name: _____ Registration/ART Number: _____

Referral Information				Follow-up information			
Date:	Referred to (organization name):	Services needed: (use codes below)	Information entered into referral register: (check if yes)	Date services received (if services are continuing, please provide details)	Were client needs met? (yes/no)	Follow-up required: (yes/no: if yes, provide details)	Information entered into referral register: (check if yes)
For services use the following code numbers:							
1. Adherence counseling	8. Food support	14. Microfinance	21. PMTCT services	28. Substance abuse management			
2. Antiretroviral therapy	9. HIV counseling and testing	15. Nutrition counseling	22. Post-test clubs	29. Support for domestic violence victims			
3. Child care	10. Home-based care	16. OB/GYN services	23. Prevention services	30. Treatment support			
4. Clinical care	11. Legal support	17. Peer counseling	24. Psychosocial support	31. TB services			
5. Education/schooling	12. Material support	18. PEP services	25. Social services	32. Youth support groups			
6. Family planning	13. Mental health services	19. Pharmacy	26. Spiritual support	33. Other_____			
7. Financial support		20. PLHA support	27. STI services				

Tool 4: Referral Register

Instructions for Referral Register

1. Each organization in the network should have a referral register, which keeps track of all the referrals made and received during a certain period of time. Depending on reporting requirements, this may be weekly, monthly, quarterly, and so on.
2. The referral register will be kept in a permanent and accessible place within the facility in a secure manner that protects clients' confidentiality.
3. The referral register is managed by the data clerk or a designated team member, depending on the preference and capacity of each organization. This person could be a nurse, receptionist, counselor, social worker or other team member. Who is designated is less important than making sure that someone is responsible for maintaining the referral register in a consistent manner.
4. For referrals *initiated at your organization*: At the end of the day the designated team member goes through the files of all clients seen that day and uses the client referral tracking form in each folder to transfer the relevant information to the referral register. After all referral information has been recorded, the client files for that day are returned to the file cabinet (or whatever system is in use).
5. On the lines of the referral register, the designated team member records the following information based on the client referral tracking form (from client file):
 - The date the referral was made.
 - The client's name.
 - The client's registration number and ART number if applicable.
 - Indicate if the client is on ART.
 - Indicate the services for which the client is being referred by using the numeric codes listed at the bottom of the form. For example, if a client is being referred for home-based care and nutrition counseling, list 10 (home-based care) and 15 (nutrition counseling).
 - Organization to which client is referred.
6. When the patient returns to the referring organization, the clinician or designated team member should inquire whether or not services were sought and received by the client and if follow-up services are needed.

For referrals made by your organization, the referral register is filled out as shown in the box below:

Date	Client Name	Registration /ART Number	Client on ART? (yes/no)	Referred by: (organization name)	Services referred for: (use codes below)	Referred to: (organization name)	Services provided: (use codes below)	Services completed (yes/no)	Follow-up needed: (yes/no)
10/25/04	Mary Doe	123456	Yes	Your organization	6	HIV Food Bank			

7. For referrals *received by your organization*: As clients come in with referral slips from other organizations, the receiving organization must record the event in the referral register.

Referrals received by your organization would be filled out in the referral register as shown below:

Date	Client Name	Registration /ART Number	Client on ART? (yes/no)	Referred by: (organization name)	Services referred for: (use codes below)	Referred to: (organization name)	Services provided: (use codes below)	Services completed (yes/no)	Follow-up needed: (yes/no)
10/25/04	Mary Doe	123456	Yes	HIV Food Bank	5	Your organization	5	Yes	No

8. At the end of each month, the designated team member reviews the referral register and follows up on clients with missing referral information:
 - Check the client file to see if information is available on the client referral tracking form and transcribe the information to the referral register.
 - If information is not available on the client referral tracking form, the designated team member contacts the client to follow up and discuss the referred service and any follow-up needs.
 - Omissions and difficulties in tracking and documenting referrals as well as service delivery are discussed at monthly meetings of the organizations participating in the referral network.

Referral Register

Date	Client Name	Registration /ART Number	Client on ART? (yes/no)	Referred by: (organization name)	Services referred for: (use codes below)	Referred to: (organization name)	Services provided: (use codes below)	Services completed (yes/no)	Follow-up needed: (yes/no)																							
For services use the following codes:																																
1. Adherence counseling	2. Antiretroviral therapy	3. Child care	4. Clinical care	5. Education/ schooling	6. Family planning	7. Financial support	8. Food support	9. HIV counseling and testing	10. Home-based care	11. Legal support	12. Material support	13. Mental health services	14. Microfinance	15. Nutrition counseling	16. OB/GYN services	17. Peer counseling	18. PEP services	19. Pharmacy	20. PLHA support	21. PMTCT services	22. Post-test clubs	23. Prevention services	24. Psychosocial support	25. Social services	26. Spiritual support	27. STI services	28. Substance abuse management	29. Support for domestic violence victims	30. Treatment support	31. TB services	32. Youth support groups	33. Other_____