

Flourish Caregiver

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Add Caregiver Referral

Please correct the error below.

INSTRUCTIONS:

Please complete the form below. Required questions are in bold. When all required questions are complete click SAVE or, if available, SAVE NEXT. Based on your responses, additional questions may be required or some answers may need to be corrected.

1. Maternal visit:

B142-040990472-8 1000M.0

**2. Report Date:**

Date: 2024-04-23

Today |

Time: 12:06:46

Now |

If reporting today, use today's date/time, otherwise use the date/time this information was reported.

3. Referral For :☒ Caregiver☐ Child**4. Is this participant currently pregnant? :**☐ None☒ Yes☐ No**5. Current HIV status?**☐ None☒ Positive☐ Negative☐ Unknown**6. HIV exposure status:**☒ None☐ HEU

☐ HUU

7. Please indicate reasons for the need for a referral for the participant (select all that apply):

Available Please indicate reasons for the need for a referral for the participant (select all that apply)

Q

Filter

Adherence counseling

Arguments with partner/spouse

Difficultly dealing with diagnoses of chronic illness or infectious disease

Distrust with partner/spouse

Financial challenges

Choose all

↓

↑

Chosen Please indicate reasons for the need for a referral for the participant (select all that apply)

Other, specify

Remove all

Hold down "Control", or "Command" on a Mac, to select more than one.

8. If other specify...

social support

9. Please indicate the referral location:

- ☒ Hospital-based Social Worker
- ☐ Community Social Worker
- ☐ BONMEH (Botswana Network for Mental Health)
- ☐ BOFWA (Botswana Family Welfare Association)
- ☐ BOSANET (Botswana Substance Abuse Support Network)
- ☐ BONELA (Botswana Network on Ethics, Law, and HIV/AIDS)
- ☐ Other, specify

10. If Other, specify ...

This field is not required.

11. Comment:

referred together with for PHQ-9 score of 8

Audit (Show)

SAVE

Cancel

Save and next