Minor Theatre Register

Date	Theatre Register No. VMMC Client N	VMMC Client Number	Referred by	Client's Full Names	Age		Sex	Residence	HIV Status	HIV Status Diagnosis	Droooduro	Method	Start Time	
(dd/mm/yyyy)		VMING Client Number		(First; Middle; Last)	Years	Months	Days	(M/F)	(Sub County)	(KP/P/N/U)	Diagnosis	Procedure	Method	(0000 Hrs)
(a)	(b)	(c)	(d)	(e)		(f)		(g)	(h)	(i)	(j)	(k)	(I)	(m)

Page Summaries for VMMC	maries for VMMC									
Circumcised_<1 Circumcised_1-9yrs Circumcised_10-14 Circumcised_15-19 Circumcised_20-24 Circumcised_25+	HV04-01 HV04-02 HV04-03 HV04-04 HV04-05 HV04-06	Circumcised_ HIV+ Circumcised_ HIV- Circumcised_HIV unknown	HV04-08 HV04-09 HV04-10	Surgical Devices	HV04-11 HV04-12		AE_During_Moderate AE_During_Severe AE_Post_Moderate AE_Post_Severe Follow up visit <=14days	HV04-13 HV04-14 HV04-15 HV04-16 HV04-17		

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End Time	Procedure Surge	AE During Surgery?	Severity of of AE	Surgeon	Assistant	Post Surge		AE Post Surgery?	AE Post Severity Surgery? of AE (M,S)		Receipt	
(0000 Hrs)	Outcome (Y/N)		(M/S)	Surgeon	Assistant	Date of Visit (dd/mm/yyyyy) Number of days since Surgery		(Y/N) (M/S)		Paid	Number	
(n)	(o)	(p)	(q)	(r)	(s)	(t)	(u)	(v)	(w)	(x)	(y)	