Therapy

Visit Id: *82-754644598*

FOLLOW UP VISIT FORM

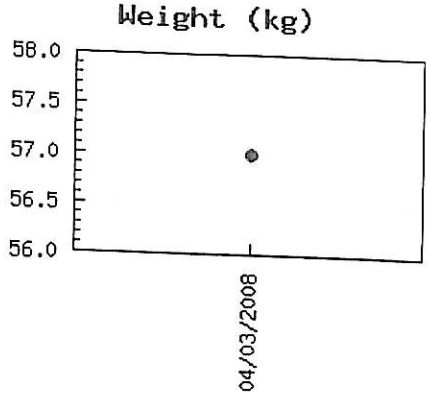
TE ID:

PATIENT IDENTIFICATION

Pool
First names
Date of birth
National ID number
Current ARVs ZDV, EFV, 3TC

TE ID
Surname
Gender
File ID
Months on ART

No data : CD4 (cells/microL)



No data : Viral load (log)

ALERT FOR THIS VISIT: None

VITALS (nurse)		*Previous visit*
Date of visit		
Visit type	Booked / Acute / Unbooked	
Weight (kg)		
Height (cm)		
BMI		
Systolic blood pressure (mmHg)		
Diastolic blood pressure (mmHg)		
Body temperature (Â°C)		
Respiratory rate (/min)		
Pulse (/min)		
Performance status	0 / 1 / 2 / 3 / 4	
Triage notes		
Nurse's name		

PAST AND PRESENT DIAGNOSES (Supply stop date if necessary)

Condition name	Type	Start date	Stop date

(C15) Malignant neoplasm of oesophagus	Diagnosis	04/03/2008	04/07/2008

ADHERENCE		*Previous visit*
ART adherence (pills taken in last week)	None (<10%) / A few (10-30%) / About half (30-60%) / Most (60-90%) / All (>90%)	
Reason for poor adherence	Toxicity / Share with others / Forgot / Felt better / Too ill / Stigma / Stock out / Lost pills / Missed appt / Ran out of rx	

SYMPTOMS HISTORY		*Previous visit*
Cough	Yes / No - Duration :	
Night sweats	Yes / No - Duration :	
Weight loss	Yes / No - Duration :	
Diarrhoea	Yes / No - Duration :	
Vomiting	Yes / No - Duration :	
Abdominal pain	Yes / No - Duration :	
Loss appetite	Yes / No - Duration :	
Mouth ulcers	Yes / No - Duration :	
Genital ulcers	Yes / No - Duration :	
Rash	Yes / No - Duration :	
Sore feet (Neurasthenia)	Yes / No - Duration :	
Headache	Yes / No - Duration :	
Other complaints/notes		

CLINICAL EXAMINATION		*Previous visit*
Mouth	normal / candida / herpes / KS / hairy leukoplakia	
Colour	normal / slight pallor / severe pallor / jaundiced / cyanosed	
Nodes	Cervical <1cm 1-5cm >5cm Site Axillary Size <1cm 1-5cm >5cm Inguinal <1cm 1-5cm >5cm	
Skin lesions (describe)		

Chest	
CVS	
Abdomen	
Genitalia	
CNS	
Fundi	
Dysesthesia	LEFT : RIGHT :
WHO stage	I / II / III / IV / Not applicable
Physician's name	

RESULTS OF INVESTIGATIONS

Visits	Date	Lab ID	Exam	Other	Result
			Chest-radiography / AFB Sputum / Pap Smear / BMAT / FNA / Biopsy / Ct-scan brain / Ct-scan abdomen / Ct-scan thorax / Other		
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	IRIS			YES - NO
	Drug related?	YES - NO	Drug	
Notes				

Condition/ICD10	Start date		Type	Diagnosis / Symptom
	Severity	Mild / Moderate / Severe / Life threatening		
	IRIS			YES - NO
	Drug related?	YES - NO	Drug	
Notes				

Condition/ICD10	Start date		Type	Diagnosis / Symptom
	Severity	Mild / Moderate / Severe / Life threatening		
	IRIS			YES - NO
	Drug related?	YES - NO	Drug	
Notes				

CURRENT AND PREVIOUS MEDICATION (ARV and Non-ARV)
NB. IF DISCONTINUING A DRUG, PLEASE ENTER STOP DATE AND REASON HERE

Drug	Dose	Line of treatment	Start date	Stop date	Reasons of Discontinuation
Efavirenz	600 mg 1 x 600mg (tablet)	1			
Lamivudine	150 mg 1 x 150mg (tablet)	1			
Stavudine	30 mg 1 x 30mg (capsule)	1	04/03/2008	04/06/2008	Drug resistance
Zidovudine	300 mg 1 x 300mg (tablet)	Missing data	04/06/2008		

CHANGES TO MEDICATION LIST

NEW ARV MEDICATION

NAME OF DRUG	START DATE	INDICATION

NEW NON-ARV MEDICATION