APPENDIX A

Version 1.1 (13/02/2006)

ARV INITIATION FORM

THEMBA LETHU CLINIC Helen Joseph Hospital

NAME (first name and surname) ↓↓↓↓		TODAY'S DATE	HOSPITAL FILE NUMBER	TE NUMBER (Vital info -See demographics)
*AGE	OCCUPATION	SMOKER (circle one)	ALCOHOL (circle one)	
		Yes No Past history	*Yes No Past history*	

TE MENU 3.1 *Patient demographics*

DOCTOR: NAME & SIGNATURE		

TE MENU 3.5 *Care givers*

PREVIOUS MAJOR MEDICAL CONDITIONS *(List here relevant HIV or OTHER CONDITIONS WHICH ARE NO LONGER CURRENT)* ***SEE NEXT SECTION FOR TB HISTORY***

(NB: MUST GIVE STOP DATE IF NO LONGER A CURRENT PROBLEM)

HIV-RELATED CONDITIONS

CONDITION *(Include imprecise diagnoses)*	START DATE (±)	STOP DATE (±)	OUTCOME / SEVERITY
TB *(See next panel)* Pregnancy *(next panel)*			
Meningitis *Type:*			
Pneumonia *Type:*			
H zoster *Single site ( ) More than one ( )*			
Diarrhoea *Organism:*			
Candida *Site:*			

NOTES *(Additional HIV related conditions or Expand on any of the above)*

NON HIV-RELATED CONDITIONS

CONDITION *(Include imprecise diagnoses)*		START DATE (±)	STOP DATE (±)	OUTCOME / SEVERITY
1				
2				
3				
4				
5				

NOTES *(Expand on any of the above)*

TE MENU 4.3 (1 of 3) *Clinical conditions*

TB HISTORY (PATIENT) PAST OR PRESENT	YES *(Complete below)*	NO

NB: NO STOP DATE MAKES THIS A CURRENT PROBLEM

START DATE (±)	STOP DATE (±)	SITE	*DIAGNOSED BY
		(Circle appropriately)	
		Lung Nodes Peritonitis Miliary Bone Unknown	Sputum FNA X-ray Clinical Unknown
		Lung Nodes Peritonitis Miliary Bone Unknown	Sputum FNA X-ray Clinical Unknown

NOTES (Expand on any of the above)

PREGNANCIES AND RELATED ISSUES

CURRENTLY PREGNANT?	*Yes*	*No*	Date LMP	Duration *months*

Ever received MTCT treatment? medication) *Yes* *No* *(If yes fill in details under ARV*

Does patient want more children? Yes No Comment:

***FAMILY INFORMATION**

PARITY	GRAVIDA	CHILDREN *(Numbers)*	Live	Dead	HIV+ve

PARTNER STATUS		
	Status Disclosed to Partner	*Yes* *No*
	Partner's HIV status	*+ve* *-ve* *Unknown*

TE MENU 4.3 (2 of 3) *Clinical conditions*

PREVIOUS / CURRENT ARV MEDICATION
NB: INCLUDE MTCT
NB: NO STOP DATE MAKES THE MEDICATION "CURRENT"

NAME OF DRUG	START DATE(±)	STOP DATE(±)	REASON FOR DISCONTINUING

PREVIOUS / CURRENT NON-ARV MEDICATION *(Include relevant drugs only)*

NAME OF DRUG	START DATE(±)	STOP DATE(±)	REASON FOR DISCONTINUING

TE MENU 4.4 (1 of 2) *Medication*

VITALS (NURSES) (NEW visit) *NB: FILL IN RESULTS OF LAB TESTS ON FLOW CHART*

WEIGHT		HEIGHT		SYSTOLIC BP		DIASTOLIC BP	
TEMPERATURE		RESPIRATORY RATE		PULSE			

FUNCTIONAL STATUS: (circle one)	Normal	Arnbulatory	Bedridden	
PERFORMANCE STATUS (circle one)	1	2	3	4

NURSES NOTES

CLINICAL NOTES (DOCTORS) *(No specific TE fields)*

HIV related symptoms

SYMPTOM	YES	DURATION	SYMPTOM	YES	DURATION
Cough			*Genital ulcers*		
Night sweats			*Diarrhoea*		
Mouth ulcers			*Sore feet Neurasthenia*		
Rash			*Poor vision*		

Other complaints

Examination

Colour: *normal slight pallor severe pallor Jaundiced Cyanosed*

Nodes: *Cervical Size: Num:* *Axillary Size: Num:* *Inguinal Size: Num:*

Skin lesions

Mouth *Candida Herpes KS Hairy Leuk*

Chest

CVS

Abdomen

Genitalia

CNS

CN

Fundi

Motor

Power

Tone

Reflexes

Sensation / Neuropathy

Lower limbs	Right	Left	Other
Light touch			
Pin prick			

Additional notes

INVESTIGATIONS RESULTS– (Radiology. ECG, scopes, Biopsies, Other (not blood results))

DATE	INVESTIGATION	RESULT
	Chest x-ray	

TE MENU 4.8 *Investigations*

WHO STAGE (circle one)	1	2	3	4

4.5.1 (2 of 2) *Patient visits / vitals*

FINAL PROBLEM LIST

- List here ALL the patient's CURRENT ongoing problems *including pregnancy.*
- *HIV infection is assumed – do not list*
- A PROBLEM can be a diagnosis (eg Pulmonary tuberculosis or pregnancy) or a worrying and unresolved sign or symptom (eg Cough or Splenomegaly)
- Include a comment if required.

PROBLEM NAME AND COMMENT					
	Start Date *(Approximate)*				
	Severity	*Mild*	*Moderate*	*Severe*	*Life threatening*
	Drug related?	*Yes No*	*Drug:*		

PROBLEM NAME AND COMMENT					
	Start Date *(Approximate)*				
	Severity	*Mild*	*Moderate*	*Severe*	*Life threatening*
	Drug related?	*Yes No*	*Drug:*		

PROBLEM NAME AND COMMENT					
	Start Date *(Approximate)*				
	Severity	*Mild*	*Moderate*	*Severe*	*Life threatening*
	Drug related?	*Yes No*	*Drug:*		

PROBLEM NAME AND COMMENT					
	Start Date *(Approximate)*				
	Severity	*Mild*	*Moderate*	*Severe*	*Life threatening*
	Drug related?	*Yes No*	*Drug:*		

PROBLEM NAME AND COMMENT					
	Start Date *(Approximate)*				
	Severity	*Mild*	*Moderate*	*Severe*	*Life threatening*
	Drug related?	*Yes No*	*Drug:*		

PROBLEM NAME AND COMMENT					
	Start Date *(Approximate)*				
	Severity	*Mild*	*Moderate*	*Severe*	*Life threatening*
	Drug related?	*Yes No*	*Drug:*		

TE MENU 4.3 (3 of 3) *Clinical conditions*