

Study no :		Date of Birth :			Mother NVP – Yes / No/ Unknown		Baby NVP – Yes / No/ Unknown	
Date	Age	Problems & PMH	Feeds	RTHC Up to date	Clinical examination		Clinical impression	Management
6 w e e k			Breast feeding or Formula feeding or Mixed feeding	Yes No Unknown	<u>Wasted:</u> Yes / No <u>Rashes:</u> Yes / No <u>Candida:</u> oral / perineal / Neither <u>Lymphadenopathy:</u> Cx / Ax / Epi / Ing / None <u>Hepatomegaly:</u> Yes / No <u>Splenomegaly:</u> Yes / No <u>Other:</u> If Yes to any – give details.		Positive Negative Unknown	Cotrimoxazole Other (specify)
	Doctor's Name & Signature		Date last breastfed 	Weightkg () Heightcm () HCcm ()			<u>CDC</u> EN A B C <u>Progression</u> Rapid Slow N/A	<u>Blood Tests</u> PCR – Y / N Filter paper Y/N Other (specify)
3 m o n t h			Breast feeding or Formula feeding or Mixed feeding	Yes No Unknown	<u>Wasted:</u> Yes / No <u>Rashes:</u> Yes / No <u>Candida:</u> oral / perineal / Neither <u>Lymphadenopathy:</u> Cx / Ax / Epi / Ing / None <u>Hepatomegaly:</u> Yes / No <u>Splenomegaly:</u> Yes / No <u>Other:</u> If Yes to any – give details.		Positive Negative Unknown	Cotrimoxazole Other (specify)
	Doctor's Name & Signature		Date last breastfed 	Weightkg () Heightcm () HC ()cm			<u>CDC</u> EN A B C <u>Progression</u> Rapid Slow N/A	<u>Blood Tests</u> PCR – Y / N ELISA – Y / N Other (specify)
~4 month visit Date :		Date last breastfed :			Final HIV infection status : Negative / Positive / Further testing advised HIV DNA PCR – Y / N			

Study no :		Date of Birth :					
Date	Age	Problems & PMH	Feeds	RTHC Up to date	Clinical examination	Clinical impression	Management
7 m o n t h			Breast feeding or Formula feeding or Mixed feeding	Yes No Unknown	<u>Wasted:</u> Yes / No <u>Rashes:</u> Yes / No <u>Candida:</u> oral / perineal / Neither <u>Lymphadenopathy:</u> Cx / Ax / Epi / Ing / None <u>Hepatomegaly:</u> Yes / No <u>Splenomegaly:</u> Yes / No <u>Other:</u> If Yes to any – give details.	Positive Negative Unknown	Cotrimoxazole Other (specify)
	Doctor's Name & Signature		Date last breastfed 	Weightkg () Heightcm () HCcm ()		<u>CDC</u> EN A B C <u>Progression</u> Rapid Slow N/A	<u>Blood Tests</u> ELISA – Y / N (PCR) – Y / N Other (specify)
1 2 m o n t h			Breast feeding or Formula feeding or Mixed feeding	Yes No Unknown	<u>Wasted:</u> Yes / No <u>Rashes:</u> Yes / No <u>Candida:</u> oral / perineal / Neither <u>Lymphadenopathy:</u> Cx / Ax / Epi / Ing / None <u>Hepatomegaly:</u> Yes / No <u>Splenomegaly:</u> Yes / No <u>Other:</u> If Yes to any – give details.	Positive Negative Unknown	Cotrimoxazole Other (specify)
	Doctor's Name & Signature		Date last breastfed 	Weightkg () Heightcm () HCcm ()		<u>CDC</u> EN A B C <u>Progression</u> Rapid Slow N/A	<u>Blood Tests</u> HIV ELISA Serum - Y / N Saliva – Y / N Other (specify)