

APPENDIX A

Version 1.1 (13/02/2006)

ARV INITIATION FORM

THEMBA LETHU CLINIC Helen Joseph Hospital



2

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

DOCTOR: NAME & SIGNATURE \_\_\_\_\_ TE MENU 3.1 Patient demographics

PREVIOUS MAJOR MEDICAL CONDITIONS (List here relevant HIV or OTHER CONDITIONS WHICH ARE NO LONGER CURRENT) SEE NEXT SECTION FOR TB HISTORY TE MENU 3.5 Care givers

(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)



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		Ambulatory		Bedridden	
PERFORMANCE STATUS (circle one)		1	2	3	4		
NURSES NOTES							

CLINICAL NOTES (DOCTORS) (No specific TE fields)						MENU 4.5.1 (1 of 2) Patient visits / vitals
<b>HIV related symptoms</b>						
SYMPTOM	YES	DURATION	SYMPTOM	YES	DURATION	
Cough			Genital ulcers			
Night sweats			Diarrhoea			
Mouth ulcers			Sore feet Neurasthenia			
Rash			Poor vision			
Other complaints						
<b>Examination</b>						
Colour: normal slight pallor severe pallor			Nodes: Cervical Size: Num:			
Jaundiced Cyanosed			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	

WHO STAGE (circle one)	1	2	3	4

TE MENU 4.8 Investigations

4.5.1 (2 of 2) Patient visits / vitals

FINAL PROBLEM LIST																			
<ul style="list-style-type: none"> <li>List here ALL the patient's CURRENT ongoing problems including pregnancy.</li> <li>HIV infection is assumed - do not list</li> </ul>	<ul style="list-style-type: none"> <li>A PROBLEM can be a <u>diagnosis</u> (eg Pulmonary tuberculosis or pregnancy) or a worrying and unresolved <u>sign or symptom</u> (eg Cough or Splenomegaly)</li> <li>Include a comment if required.</li> </ul>																		
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