HIV CARE & ANTIRETROVIRAL TREATMENT (ART) PATIENT RECORD **H 1235**

(To be stored in a locked cabinet at the health centre and arranged serially BY REGISTRATION NUMBER) (*Revised 2017)*

1. Patient Identification Data (Write complete information)

Patient Registration Number : ☐☐ ☐ ☐☐☐☐ (Clinic code, M/F, XXXX)

Name of the Clinic:_____ District:_____

Date of registration : _____ Age at registration : _____

Name and address of Patient/Client Contact No: _____

Name : _____

Address : _____

_____

Gender ☐ M ☐ F ☐ Other (----------) Date of Birth : ____/ _____ / _____
dd mm yyyy

Marital status ☐ a. Single/Never Married ☐ b. Currently Married & Living with spouse ☐ c. Living together ☐ d. W/S/D

Occupation ☐ a. Unemployed ☐ b. Student ☐ c. Employed as:_____ ☐ d. NA

District of Residence: _____ **Nationality** ☐ a. Sri Lankan ☐ b. Other _____

Ethnicity ☐ a. Sinhalese ☐ b. Tamil ☐ c. Moor ☐ d. Other (specify) _____

Date of confirmed HIV + test : ___/ ___ / _____ **Place :** _____
dd mm yyyy

Reason for HIV testing (Entry point)

☐ 1. Voluntary Testing
☐ 2. STD clinic attendees
☐ 3. Provider initiated testing (Asymptomatic)
☐ 4. Clinical symptoms suggestive of HIV
☐ 5. Referred by NGO
☐ 6. Contact screening
☐ 7. Blood donor
☐ 8. EMTCT
☐ 9. Visa screening – local
☐ 10. Foreign job screening
☐ 11. Screening for legal and insurance purposes
☐ 12. Screening before medical / surgical procedures
☐ 13. Screening as part of a survey
☐ 14. TB
☐ 15. Prison
☐ 16. Others _____

Sexual Exposure

☐ a. Sexual Contact with Regular Partner of Opposite Sex
☐ b. Sexual Contact with Non-Regular Partner of Opposite Sex
☐ c. Sexual Contact with Both Sexes
☐ d. Sexual Contact with Person of Same Sex
☐ e. No sexual exposures

Ever sold sex to clients? ☐ a. Yes ☐ b. No

Ever bought sex from sex workers? ☐ a. Yes ☐ b. No

Ever gone abroad? ☐ a. Yes, countries: _____ ☐ b. No

Ever had sex with a foreigner? ☐ a. Yes ☐ b. No ☐ c. Not Applicable (e.g. Foreign Nationality)

History of Blood Exposure

☐ a. No
☐ b. Injecting Drug Use
☐ c. Receipt of Blood/Tissue/Organ/Sperm Specify year: ☐☐☐☐
☐ d. Needle stick injury/mucosal splash Specify year: ☐☐☐☐

Acquired from mother to child transmission ☐ a. No ☐ b. Yes ☐ c. Not Known

Possible ongoing risk factors for transmitting the infection to the others

☐ a. None ☐ c. Sex Worker (now or former) ☐ e. Injecting drug user
☐ b. MSM ☐ d. Multiple Sex Partners ☐ f. Not Known

2. Information about the partners and family

HIV status of spouse/regular partner ☐ a. Positive ☐ b. Negative ☐ c. Not Known ☐ d. Not Applicable

Has spouse ever gone abroad?

☐ a. Yes, countries _____
☐ b. No ☐ c. Not Known ☐ d. Not Applicable

Risk factors for HIV in spouse/live-in partner

☐ a. None ☐ b. MSM ☐ c. Sex Worker (now or former) ☐ d. Multiple Sex Partners
☐ e. Injecting Drug User (now or former) ☐ f. Not Known ☐ g. Not Applicable

Family member : Relationship	Age	HIV status	ART Y/N	Registered No: if on care

3. Antiretroviral treatment history

Was ART received before ☐ a. Yes ☐ b. No
Reason for starting ARV ☐ a. PMTCT ☐ b. Earlier ART ☐ c. PEP ☐ d. PrEP

Drugs and duration _____

4. Clinical and laboratory investigations

	Date (dd/mm/ yy)	WHO clinical Stage	Body Mass Index (BMI)	CD4 count	Viral load	Outcome
At the registration						
At start of ARV (baseline)						
At 6 months ART						
At 12 month ART						
At 24 months ART						
At 60 months ART						

5. Antiretroviral treatment

Treatment started date ___/___ /_____
dd mm yyyy

Age at ART initiation _____ ART regimen_____

Details on substitution or switching of ARV

	Date	New Regimen	Reason
1st Line	…. / …. ./…….		
	…. /….. / …….		
2nd Line	…. /….. / …….		
	…. /….. / …….		
3rd Line	…. / …. / …….		
	…. /….. / …….		

6. Tuberculosis treatment during HIV care

Outcome of TB screening (tick)
- ☐ Pulmonary TB
  - ☐ Smear-positive
  - ☐ Smear-negative
- ☐ Extrapulmonary site: _____
- ☐ Latent TB/INAH prophylaxis
- ☐ MDR/XDR/TDR TB
- ☐ Recurrent

Past history of TB
☐ Yes ☐ No
Site _____

TB Regimen (tick)
- ☐ Category I
- ☐ Category II
- ☐ Other specify:

_____

Date start TB Rx:
___/___/_____
dd / mm / yyyy

Registration for TB screening
District:_____
Health Centre:_____
Number:_____

TB Treatment outcome:
- ☐ Cure
- ☐ Rx completed
- ☐ Rx failure
- ☐ Died
- ☐ Default
- ☐ Transfer out

Date: ___/___/_____
dd / mm / yyyy

7. End of follow up

☐ Death Date of death: ___/___/_____

☐ Transferred out Date: ___/___/_____ New Clinic _____
dd / mm / yy

8. Other conditions and issues (baseline and during follow up)

- ☐ Acute HBV / Chronic HBV
- ☐ Acute HCV / Chronic HCV
- ☐ DM
- ☐ Dyslipidemia
- ☐ Ischaemic Heart Disease
- ☐ Renal disease
- ☐ Bone changes
- ☐ Malignancies
- ☐ Hypertention
- ☐ Asthma
- ☐ Early syphilis
- ☐ Gonorrhoea
- ☐ Non gonococcal infection
- ☐ Newly diagnosed HSV
- ☐ Newly diagnosed HPV
- ☐ Other STI _____

Other medical and surgical conditions: _____

_____

Long term medications _____

_____

Drug allergy _____

Contraception	☐ **Yes** ☐ **No** ☐ **N/R**	**If yes, Type:-**				
		Any change in contraception options				
		Changed to				
		Date				

Gynecological/ Obstetric history

P_____ C_____

Last Pap smear ___/___/_____
dd / mm / yyyy

Last Menstrual Period : _____

Pregnant now: ☐ 1. Yes ☐ 2.No

on PMTCT Services ☐ 1.Yes ☐ 2.No

9. Vaccination details

	Hepatitis B Vaccination		**HepBs Ab levels**		**Any other vaccinations**	
	dosage	**date**	**level**			**date**
1st dose						
2nd dose						
3rd dose						
4th dose						

Remarks:-

10. Linkage to NGOs/Care Institutions

Date	Name of organizations/type*	Purpose**

HIV CARE/ ART FOLLOW-UP (Indicate if the patient is missing or LFU in the row of next due visit)

S. No	1. Date of Visit	2. Date of Next Visit	3. Weight (kg)	4. Height (cm) for child	5. WHO Clinical Stage	6. Performance Scale*	7. Opportunistic infections code*	8. Drugs prescribed for OIs / Prophylaxis for OIs (Co-trim/ INAH/Other)	9. Antiretroviral drugs and dose prescribed	10. ART Side effects - code*	11. Adherence to ART* - >95%, 80-95%, <80	12. Any other medicine	13. Pregnancy Y/N or FP Method*	14. Condoms Given Y/N	15. Remarks/ Referrals	16. Staff Signature
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																
10.																
11.																
12.																

***Instructions and codes:**

Date: Write the date of actual visit starting from the 1st visit for HIV care – ALL DATES: **DD/MM/YY**

Performance scale: A- Normal activity; B- bedridden <50% of the day during last month; C- bedridden > 50% of the day during last month

FP: family planning; 1 condoms, 2 oral contraceptive pills, 3 injectable/implantable hormones, 4 diaphragm/cervical cap, 5 intrauterine device, 6 vasectomy/tubal ligation/hysterectomy

Opportunistic infections: Enter one or more codes − Tuberculosis (TB); Candidiasis (C); Diarrhoea (D); Cryptococcal meningitis (M); Pneumocystis Carinii Pneumonia (PCP); Cytomegalovirus disease (CMV); Penicilliosis (P); Herpes zoster (Z); Genital herpes (H); Toxoplasmosis (T); Other-specify

Adherence: Check adherence by asking the patient if he/she has missed any doses. Also check the bottle/blister packet. Write the estimated level of adherence (e.g. >95% = < 3 doses missed in a period of 30 days; 80-95% = 3 to 12 doses missed in a period of 30 days; < 80% = >12 doses missed in a period of 30 days

Side effects: Enter one or more codes − S=Skin rash; Nau-nausea; V=Vomiting; D=Diarrhoea; N=Neuropathy=Jaundice; A=Anaemia; F=Fatigue; H=Headache; Fev=Fever; Hyp=Hypersensitivity; Dep=Depression; P=Pancreatitis; L=Lipodystrophy; Drows=Drowsiness; O=Other− Specify

HIV CARE & ART FOLLOW-UP- INVESTIGATIONS

Outcomes of Investigations (*To be recorded if available, If space is not adequate, write details of results in the note section of the patient record)*

	Test / Date (dd/mm/yy)	1. / /	2. / /	3. / /	4. / /	5. / /	6. / /	7. / /	8. / /	9. / /	10. / /	11. / /	12. / /
1	Hb % / PCV												
2	WBC/DC												
3	Platelet count												
4	Fasting Blood sugar												
5	UFR												
6	Blood urea												
7	S. creatinine												
8	S. bilirubin												
9	SGOT/ AST												
10	SGPT/ ALT												
11	Alkaline phosphatase												
12	Serum cholesterol												
13	Triglycerides												
14	LDL												
15	CD4 count / CD4 %												
16	CD8 count												
17	CD4/CD8												
18	Viral Load												
19	ESR												
20	CMV Ab												
21	Toxoplasmosis Ab												
22	HB s Ag												
23	Anti-HCV Ab												
24	Pap smear												
25	VDRL / TPPA												
26	GC culture												
27	CXR (PA) view												
28	Mantoux (PPD)												
29	Sputum for AFB												
30	Gene-xpert												
31	HLAB57												
32	Cryptococcal antigen												