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AMPATH Adult Return HIV Encounter Form v6.05 | **Date: / /**

first name *middle name* *last name*

Indicate patients phone number only if it changed since last visit :

AMRS I.D: | | | | | | | | | | — | | **Unique patient ID(GOK):**

AMPATH I.D: | **TB registration ID:** | Patient covered by NHIF? □Yes □No

1.Site / Satellite Clinic *(Required)*: **Module# (If applicable) :** □ **1** □ **2** □ **3** □ **4**

2.Transfer in care from other center: □ AMPATH*(specify)*: **3a.**Discordant couple? □Yes □No □Unknown

3b. Marital status □ Married Polygamous □ Married Monogamous □ Single □ Divorced □ Separated □ Widowed □ Cohabiting

4a. Does the patient have any interval complaints? □ Yes □ No

4b.Since last visit have you had any of the following? *(tick all that apply)* □ None □ Cough ≥ 2 weeks
□ New exposure to household contact with TB □ Fever for ≥ 2 weeks □ Noticeable Weight loss
□ Chest pain or breathlessness □ Night sweats ≥ 2 weeks Swelling : □ neck □ armpit □ abdomen □ joints □ groin*(Swollen lymphnod***es)**
(If any of the above is present, indicate the diagnostic action to be taken in question 14,16m,18)

5. Female Patients:

5a. LMP: ___/___/____ **5b.** Is the patient pregnant? □ No □ Yes *(If Yes, Fill out pMTCT ANC Form)*
5c. Patient delivered? □ No □ Yes *(If Yes, Fill out pMTCT PNC Form)*

6a. Male and Female Patients: Family Planning: □ Yes □ No **6b.** If Yes, Method: *(If Yes, Fill out FP form)*

7a. Has patient been Hospitalized since last visit? □ Yes □ No **7b.** If yes, Diagnosis:

8. Current Medications:

8a. ARVs: □Yes □No **8b.** Has this patient ever changed drug for any reason? □ Yes □ No
8c. If started since last visit record the date _____/_____/_____
8d. Treatment categories : □ First Regimen □ Second Regimen *(following viral failure)* □ Third *(Salvage)* Regimen

8e.□ NVP200/ZDV300/3TC/150	□ 3TC300mg/TDF300mg	□ Abacavir300mg	□ Raltergravir400mg
□ TDF300mg/3TC300mg/EFV600mg	□ 3TC150mg/D4T30mg	□ Lamivudine150mg	□Truvada*(Emtri200mg/TDF300)*
□ NVP200/D4T30/3TC150	□ Efavirenz600mg	□ Zidovudine 300mg	□ Atazanavir/Ritonavir
□ 3TC150mg/ZDV300mg	□ Nevirapine200mg	□Aluvia**(kaletra)**200mgLPV/50mgrit	(Atazanavir300/ritonavir100)
			□Other:_____

8f. PCP Prophylaxis: □ None □ Septrin □ Dapsone 100mg

8g. TB Prophylaxis: □ None □ Isoniazid 300mg

8h. TB Treatment : □ None □On treatment **(Start Date of TB treatment**___/____/_____)

8i.Site of TB meds pick-up: □ This AMPATH site □ Other (specify) _____

8j.□ Rifafour(RHZE) ___tabs/day	□ Streptomycin_____mg	□ Ethizide(EH) _____mg	□ Completed (Date:____/____/_____)
□ 3-FDC(RHE)____tabs/day	□ Ethambutol _____mg/day	□ Rifampicin_____mg	□ Other:
□ Rifater(RHZ)____tabs/day	□ Rifabutin_____tabs	□ INH_____mg	
□ Rifinah(RH) ____tabs/day	□ Pyrazinamide _____mg	□ MDR TB Drugs	

8k.Cryptococcus Tx: □ None □ Fluconazole 200mg

8l. Other Drugs:

9. Adherence: During the last seven days how many of his/her pills did the patient take?

□ ARVS:	□ None	□ Few	□ Half	□ Most	□ All	Drug(s) missed:
□ PCP Prophylaxis :	□ None	□ Few	□ Half	□ Most	□ All	Drug(s) missed:
□ TB Prophylaxis	□ None	□ Few	□ Half	□ Most	□ All	Drug(s) missed:
□ TB Treatment	□ None	□ Few	□ Half	□ Most	□ All	Drug(s) missed:

10a.Side-effects/Toxicity: Any side-effects attributable to any drug that the patient is currently taking? □ Yes □ No
10b.If Yes, drug(s) :_____
10c.If yes, tick all that apply: □ Rash □ Anemia □ Lipo-dystrophy □ Hepatitis □ Neuropathy □IRIS □ Steven-Johnson syndrome
□ Lactic Acidosis □ Diarrhea □ Persistent Vomiting □ Other (specify):_____
10d.Severity of the reaction: □ Mild □ Moderate □ Severe □ Unknown
10e.Cause of the reaction/Toxicity:□ Certain □Probable/Likely □ Possible □Unlikely □ Conditional/Unclassified □Unassessable/Unclassified

11. Physical Exam: BP_____/_____ Pulse _____ Temp._____ Weight_____ SaO_2_____
Comments

12. Do you have any of the following?	Genital ulcers □Yes□ No	Urethral Discharge □ Yes □ No	Vaginal Discharge □ Yes □ No

13. WHO Stage: □ 1 □ 2 □ 3 □ 4 **Criteria:** New Stage? □ Yes □ No

14. Test Results: *(Please record date sample was drawn, rather than date test was run)*

Test	Result	Test Date		Test	Result	Test Date
WBC/mm³				VDRL		
Hgb g/dL				CD4		
MCV				CD4%		
Platelets/ mm³				Viral load		
ALC/ mm³				Sputum Gene xpert		
SGPT(ALT)				Sputum AFB Smear		
Creatinine mmol/L				Sputum Culture		

CXR Test Date : ___/___/_____ code : 0=normal 1=PI Effusion 2=Infiltrate 3=milliary 5=cavitary 4=Diffuse abn/non-milliary 6 = Cardiomegaly 7=other abnormality

Other Test	Result	Test Date		Other Test	Result	Test Date

15. Problem (* *Tick "Add" to add a problem to summary sheet. Tick "Remove" to delete problem from summary sheet)*	Add	Ongoing	Remove
1.	□	□	□
2.	□	□	□

16. Plan:

16a.ARVs: □ None □ Start ARVs □ Continue Regimen □ Restart □ Change Dose □ Drug Substitution □ Change Regimen □ Change Formulation □ Stop All *(If start or change, tick new regimen on question 15e)*

16b.Reason to start ARVs: □ Discordant Couple □ CD4<350 □WHO Stage 3 □WHO Stage 4

16c.Reason for stopping/change/substitution □ Toxicity_____ □ Adherence concerns □ Due to new TB □ Other :_____

16d.Eligible for ARVs but not started: □ Patient Refused □ Adherence Concerns □Other

16e.Treatment categories : □ First Regimen □ Second Regimen *(following viral failure)* □ Third *(Salvage)* Regimen

16f.□ NVP200/ZDV300/3TC/150 □ TDF300mg/3TC300mg/EFV600mg □ NVP200/D4T30/3TC150 □ 3TC150mg/ZDV300mg	□ 3TC300mg/TDF300mg □ 3TC150mg/D4T30mg □ Efavirenz600mg □ Nevirapine200mg	□ Abacavir300mg □ Lamivudine150mg □ Zidovudine 300mg □Aluvia**(kaletra)**200mgLPV/50mgrit	□ Raltergravir400mg □Truvada**(Emtri200mg/TDF300)** □ Atazanavir/Ritonavir (Atazanavir300/ritonavir100) □Other:_____

16g. PCP Prophylaxis: □ None □ Start □Continue Regimen □ Change Regimen □ Stop **16h.New Drugs:** □ Septrin □ Dapsone

16i. Reason for stop: □ Toxicity : □ Other:

16j.TB Prophylaxis: □ None □ Start Isoniazid □ Continue Isoniazid □ Stop Isoniazid

16k.Reason for stop: □ Completed □ Active TB □Toxicity : □ Other:

16l.TB Treatment : □None □Start Induction □Change to Continuation □Continue Regimen □Drug substitution □Re-dose □ Stop

16m.Reason for start :□ New treatment*(1st line)* □ Defaulted->restart 1st line □ Regimen failure->start Retreatment □ Relapse/re-infection->Retreatment

16n. Reason for stop/change/re-dose: □ Completed □ Toxicity □ Other

16o.□ Rifafour(RHZE) ____tabs/day □ 3-FDC(RHE)____tabs/day □ Rifater(RHZ)____tabs/day □ Rifinah(RH) ____tabs/day	□ Streptomycin_____mg □ Ethambutol _____mg/day □ Rifabutin_____tabs	□ Pyrazinamide _____mg □ Ethizide(EH) _____mg □ Rifampicin_____mg	□ INH_____mg □ MDR TB Drugs □ Other*(specify)*:

16p. Cryptococcus Tx: □ None □ Start Fluconazole □ Continue Fluconazole □ Stop Fluconazole

17. Additional drugs started this visit:	Dose	Freq&Dura	Additional drugs started this visit:	Dose	Freq&Dura
1.			3.		
2.			4.		

18. Tests Ordered:

□ None □ Full Haemogram □ Hgb □ SGPT □ CD4 Panel □ Viral Load □ HIV Elisa □ Creatinine □ CXR

Sputum : □AFB Smear □TB Culture □Gene Xpert □Radiology test*(Specify)*: □ Other *(specify)*:

19. What referrals will be made for the patient? □ None □ Social Work Service □ Psychosocial Support □ pMTCT □ Disclosure counseling □ Family Planning services □ TB treatment/DOT program □ Oncology □ Diabetes □ Nutritional support □ Adherence Counseling □ Alcohol counseling/ support groups □ Mental Health Services □ Cardiology □ Other referral *(specify)*:_____

Notes:

20. Hospitalization: □ MTRH □ Local Health Centre/Hospital □ Other: _____Reason for Admission: _____

21.Transfer care to other centre: □AMPATH : □non-AMPATH :

22.Return to Clinic: Week/s_____ Month/s _____ **Return to clinic date** : / / *(Fill every visit even if admitted)*

Nurse:	P#:	Medical Officer:	P#:
Clinical Officer:	P#:	Consultant Physician:	P#: