USAID FROM THE AMERICAN PEOPLE | ampath PLUS

ADULT INITIAL HIV ENCOUNTER FORM

Date: / /

First name | Middle name | Last name

AMRS ID: ☐☐☐☐☐☐☐☐☐ – ☐

Unique patient ID(GOK):

AMPATH ID:

TB registration ID:

Phone Number:

Date of Birth:___/___/______

If Birth date Unknown, Age at last Birthday:

Sex: ☐ M ☐ F

Point of HIV Testing : ☐ pMTCT ☐ VCT ☐ PHCT ☐ TB Clinic ☐ DTC / PITC ☐ Inpatient ☐ MCH ☐ OPD ☐ Other:

AMPATH Catchement area ? ☐ In Catchment ☐ Out of Catchment

Patient covered by NHIF? ☐ Yes ☐ No *(if no refer to social w ork)*

1.Site / Satellite Clinic (Required):

Module # (If applicable) ☐ 1 ☐ 2 ☐ 3 ☐ 4

2.Source of prior HIV care and treatment : ☐ None ☐ Other Program:

3.Transfer In care from other facility : ______________________________ District: ____________________

4.Date started HIV care / / (dd/mm/yyyy)

5.CHILD'S/CHILDREN AMPATH/AMRS ID(S):

6. HIV status of household members

Name of Members	Age	Relation	HIV Status	In care	Unique patient ID(GOK):
			☐Pos ☐Neg ☐Unknown	☐ Yes ☐ No	
			☐Pos ☐Neg ☐Unknown	☐ Yes ☐ No	
			☐Pos ☐Neg ☐Unknown	☐ Yes ☐ No	
			☐Pos ☐Neg ☐Unknown	☐ Yes ☐ No	
			☐Pos ☐Neg ☐Unknown	☐ Yes ☐ No	
			☐Pos ☐Neg ☐Unknown	☐ Yes ☐ No	
			☐Pos ☐Neg ☐Unknown	☐ Yes ☐ No	
			☐Pos ☐Neg ☐Unknown	☐ Yes ☐ No	
			☐Pos ☐Neg ☐Unknown	☐ Yes ☐ No	
			☐Pos ☐Neg ☐Unknown	☐ Yes ☐ No	
			☐Pos ☐Neg ☐Unknown	☐ Yes ☐ No	

Social History:

7. How long did it take you to travel to clinic today? ☐ Less than 1 hour ☐ More than 1 hour

8a. Have you ever attended school? ☐ Yes ☐ No

8b. If yes, how many years of school have you completed? __________ Years

9. Are you employed outside the home? ☐ Yes ☐ No

10. Do you have electricity inside your home? ☐ Yes ☐ No

11. Do you have water piped (from a tap) inside your home? ☐ Yes ☐ No

12. Have you disclosed your HIV status to anyone? ☐ Yes ☐ No

13a. What is your current relationship status? ☐ Never married and not living with a partner ☐ Married Monogamous ☐ Married Polygamous Number of wives ______ ☐ Living with a partner ☐ Separated ☐ Divorced ☐ Widowed

13b. Member of discordant couple? ☐ Yes ☐ No ☐ Unknown

Women Only: (Q14a-14f)

14a. Menstrual Cycle: ☐ Premenopausal: LMP ______/______/________ ☐ Amenorrhea ☐ Irregular ☐ Regular
☐ Post-Menopausal: #Yrs___________

14b. Is the patient pregnant? ☐ Yes ☐ No If yes: ___________Weeks **14c.**If Yes: Enrolled in ANC? ☐ Yes ☐ No

14d. Is the patient Breast Feeding ☐ Yes ☐ No (if yes, refer to nutrition for counseling and education)

14e. How many times have you been pregnant? ______ **14f.** How many children have you given birth to? _________

15. Is the patient or their partner currently using any form of family planning? ☐ Yes ☐ No ☐ N/A ***(if yes, check all that apply)***
☐ Condoms ☐ Oral Contraceptive Pill ☐ Intrauterine Device ☐ Sterilization / Hysterectomy
☐ Natural Family Planning / Rhythm ☐ Diaphragm / Cervical Cap ☐ Inject able Hormones (Depo-Provera or Norplant)
☐ Other:

16. Do you smoke cigarettes? ☐ Yes ☐ No ☐ Stopped

17a. Do you sometimes drink alcohol ? □ Yes □ No

17b. How often did you have a drink containing alcohol in the last year?	**17c.** How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?	**17d.** How often did you have six or more drinks on one occasion in the past year?
□ Never □ Monthly or less □ 2 to 4 times a month □ 2 to 3 times a week □ 4 to 5 times a week □ 6 or more times a week	□ 0 drinks □ 1 to 2 drinks □ 3 to 4 drinks □ 5 to 6 drinks □ 7 to 9 drinks □ 10 or more drinks	□ Never □ Less than monthly □ Monthly □ Weekly □ Daily or almost daily

Review of Systems:

18. Chief complaint today: □ Feeling well (Asymptomatic) □ Having symptoms

19. General : □ No complaints
□ Fever □ Chills □ Weight loss □ Night Sweats □ Rash □ Fatigue □ Weight gain □ Swelling

20. HEENT : □ No complaints □ Hearing difficulties □ Vision difficulties □ Swallowing difficulties

21. Cardiopulmonary : □ No complaints
□ Cough O days O weeks O months
□ Cough productive O white O purulent O blood
□ SOB O days O weeks O months
□ At rest □ On exertion

□ Pneumonia in the past 2 years
□ Chest pain O days O weeks O months
Location: □ substernal
□ right □ left □ anterior □ posterior
Quality: □ Pleuritic □ Sharp
□ Pressure □ Burning

TB: □ Currently on treatment
□ Treatment completed ________ (year)
□ Known exposure to household contact with TB
□ Defaulted ________(year)

22. Gastrointestinal : □ No complaints
□ Abdominal pain □ Poor appetite
□ Hx of jaundice □ Hyperacidity
□ Nausea O days O weeks O months □ Continuous
□ Vomiting O days O weeks O months □ Continuous
□ Diarrhea O days O weeks O months □ Continuous

23. Genitourinary: □ No complaints
□ Vaginal discharge O days O weeks O months □ UTI
□ Urethral discharge O days O weeks O months □ Hematuria □ Circumcised?: □ Yes □ No

24. Musculoskeletal: □ No complaints
□ Joint pains □ Swelling of joints □ Edema of legs □ Muscle pain □ Pain in the legs / feet

25. Central Nervous System : □ No complaints
□ Paresthesia □ Focal Weakness □ Seizures □ Headache
□ Depression □ Confusion □ Mental Illness □ Memory problems

26a. Does the patient have any disability? □ Yes □ No
If Yes for disability, then **26b.** Physical disability______________________ **26c.** Mental disability ____________________
26d. Other ____

27.Hospitalizations

27a. Has the patient been hospitalized in the previous year? □ Yes □ No

27b. If yes, how many hospitalizations did the patient have in the past year? __________
27c. Briefly describe the reason(s) for hospitalizations:

Medication History

28. Allergies:

28a. Penicillin Allergy □ Yes □ No Specify Reaction ________________________________
28b. Sulfa Allergy □ Yes □ No Specify Reaction ________________________________
28c. Other Allergy □ Yes □ No Name of drug/product ______________________ Specify Reaction ___________

29a. Is the patient **currently** taking any of the following antiretroviral medications? □ Yes □ No
29b. Reason for Use □ pMTCT □ PEP □ Treatment Date Started: ___/_____/_________

29c. Treatment categories : □ First line □ Second line □ Third line ***(Tick all that apply)***

29d.□ 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:_______________

29e. Has the patient used any antiretroviral medications in the **past** (other than those ticked in **29d**)? □Yes □ No
29f. Reason for Use □ pMTCT □ PEP □Treatment Date Started:__/__/___ Date Stopped__/__/___Date last used__/_/___
(Tick all that apply) dd/ mm / yyyy dd/ mm / yyyy dd/ mm / yyyy

29g. Treatment categories : □ First line □ Second line □ Third line

29h. □ 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:_______________

29i.PCP Prophylaxis: □ None □ Septrin □ Dapsone 100mg

29j.TB Prophylaxis: □ None □ Isoniazid 300mg | **29k.** If on TB prophylaxis start date _____/______/_________

29l.TB Treatment: □ None □On treatment (**Start Date of TB treatment**__/____/_____)
29m. Site of TB meds pick-up: □ This AMPATH site □ Other (specify) ______________________________

29n.□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	□ Completed(Date:__/___/_____) □Other:

29o.Cryptococcus Tx: □ None □ Fluconazole 200mg

29p.Other Drugs:

29q. Side-effects/Toxicity: Any side-effects attributable to any drug that the patient is currently taking? □ Yes □ No
If Yes, drug(s) : ____
29r. Any side-effects attributable to any drug that the patient has ever taken? □ Yes □ No
If Yes, drug(s) : ____
29s.If yes, tick all that apply: □ Rash □ Anemia □ Lipo-dystrophy □ Hepatitis □ Neuropathy □ IRIS □Steven-Johnson syndrome
Acidosis □ Diarrhea □ Persistent Vomiting □ Other (specify):______________________
29t.Severity of the reaction: □ Mild □ Moderate □ Severe □ Unknown
29u.Cause of the reaction/Toxicity:□Certain □Probable/Likely □Possible □Unlikely □Conditional/Unclassified □Unassessable/Unclassified

30. Physical examination:
BP _____/_____ Pulse___rate/min R.Rate_____ Temp [C°]__________ SaO2 ______% Wt ______kg Height________cm

31.General Exam: □ Temporal wasting

32.Skin: □ Normal □ Abnormal □ Rash □ Kaposi sarcoma

33.Lymph Nodes : □ Normal □ Abnormal □ submandibular □ cervical □ inguinal □ supraclavicular □ axillary

34. HEENT □ Normal □ Abnormal
Eyes: □ Sclera icteric □ Conjunctiva pale □ Fundal abnormality
Ears: □ Cerumen impaction □ TM injected
Neck: □ Trachea deviated □ Nuchal rigidity
Oropharynx: □ Thrush □ Kaposi sarcoma □ Significant dental caries

35. Chest □ Normal □ Abnormal
Percussion: □ Dullness
Auscultation: □ Breath sounds diminished □ Bronchial breath sounds □ Rhonchi /Wheezes □ Crepitations

36. Heart □ Normal □ Abnormal
□ Evidence for enlargement: □ LV lift □ RV lift
□ Abnormal Sounds: □ S3 Gallop □ Pericardial friction rub
□ Murmurs: □ Systolic Ejection Murmur □ Holosystolic Murmur □ Diastolic Decrescendo □ Diastolic Rumble

37. Abdomen □ Normal □ Abnormal
□ Tender to palpation Location____________________ □ Ascites □ Mass
□ Hepatomegaly ______ (cm below costal margin) □ Splenomegaly _____ (cm below costal margin)

38. Urogenital □ Normal □ Abnormal □ Not done

39. Extremities □ Normal □ Abnormal □ Edema □ Leg ulcers □ Cellulitis □ Kaposi sarcoma

40. Musculoskeletal □ Normal □ Abnormal

41. Neurologic □ Normal □ Abnormal
□ Cranial nerve abnormality □ Decreased sensation lower extremities □ Abnormal gait □ Focal weakness

42. Psychiatric □ Normal □ Abnormal □ Depressed □ Dementia /confused

43. Does the patient currently have, or has the patient ever had, any of the following conditions ?
Fill in the appropriate box next to each indicator condition P=Presumptive; C=Confirmed

WHO Stage 1			WHO Stage 4	P	C
Asymptomatic HIV Infection	□		HIV Wasting Syndrome	□	□
Persistent Generalized Lymphadenopathy (PGL)	□		Pneumocystic Pneumonia	□	□
WHO Stage 2	□		Recurrent severe bacterial pneumonia	□	□
Weight Loss ≤ 10% of Body Weight Within time limits	□		Chronic Herpes Simplex (mucocutaneous>1 mo, or any visceral)	□	□
Recurrent Upper Respiratory Tract Infections (bacterial)	□		Candidiasis (esophageal, Bronchi, Trachea, or Lungs)	□	□
Herpes Zoster	□		Extrapulmonary Tuberculosis	□	□
Angular Cheilitis	□		Kaposi's Sarcoma (KS)	□	□
Recurrent Oral Ulceration	□		Cytomegalovirus Disease (retinitis or other organs)	□	□
Papular pruritic eruptions	□		Toxoplasmosis, CNS	□	□
Seborrheic Dermatitis	□		HIV Encephalopathy	□	□
Fungal Nail Infections	□		Cryptococcosis,Extrapulmonary (includes meningitis)	□	□
Minor Mucocutaneous Manifestations (MMM)	□				
WHO Stage 3	P	C	Disseminated non-TB mycobacterial infection	□	□
Weight Loss > 10% of Body Weight	□	□	Progressive Multifocal Leukoencephalopathy PML)	□	□
Unexplained Chronic Diarrhea (>1 month)	□	□	Chronic Cryptosporidiosis (> 1 month duration)	□	□
Persistent Oral Candidiasis (Thrush)	□	□	Chronic Isosporiasis	□	□
Unexplained Prolonged Fever (intermittent or constant, >1 month above 37.5° C)	□	□	Disseminated mycosis (extrapulmonary histoplasmosis or coccidiomycosis)	□	□
Oral Hairy Leukoplakia	□	□	Recurrent septicemia (including non-typhoidal Salmonella)	□	□
Pulmonary Tuberculosis	□	□	Lymphoma (cerebral or B-cell non-Hodgkin)	□	□
Severe Bacterial Infections (ie. pneumonia, empyema, pyomyositis, bone/jt infection, meningitis, bacteremia)	□	□	Invasive cervical carcinoma (cervical cancer)	□	□
Acute necrotizing stomatitis, gingivitis, or periodontitis	□	□	Atypical disseminated leishmaniasis	□	□
Unexplained anaemia (<8 g/dl), neutropaenia (<0.5 x 10^9/L), and/or chronic thrombocytopaenia (<50 x 10^9/L)	□	□	Symptomatic HIV-associated nephropathy or symptomatic HIV-associated cardiomyopathy	□	□

44. Test results

Test	Result	Test Date	Test	Result	Test Date
1. WBC / mm3			9. CD4		
2. Hgb g / dL			10. CD4 %		
3. MCV			11. HIV Test (Rapid)		
4. Platelets / μ L			12. HIV Test (Long ELISA)		
5. ALC / mm3			13. Viral Load		
6. SGPT(ALT)			14. Sputum Gene Xpert		
7. Creatinine mmol / L			15. Sputum AFB Smear		
8. VDRL			16. Sputum Culture		

17. CXR Test date___/___/_____ Code : 0=normal 1=Pl 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

45. Problem	Add	Problem	Add
1.	□	4.	□
2.	□	5.	□

46. Plan:

46a. ARVs: □ None □ Start ARVs □ Continue Regimen □ Restart □ Change Dose □ Drug Substitution □ Change Regimen □ Change Formulation □ Stop All

46b. Reason to start ARVs: □ Discordant couple □ pMTCT □ CD4<350 □ WHO stage 3 □ WHO stage 4

46c. Reason for stopping/change/substitution □ Toxicity____

□ Adherence concerns □ Due to new TB □ Other:

46d. Eligible for ARVs but not started: □ Patient Refused □ Adherence Concerns □ Other(specify)

46e.Treatment categories : □ First line □ Second line □ Third line (*If start or change, tick new regimen below):*

46f.□ 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 (Atazanavir300/ritonavir100)
□ 3TC150mg/ZDV300mg	□ Nevirapine200mg	□Aluvia(kaletra)200mgLPV/50mgrit	□Other:_______________

46g. PCP Prophylaxis: □ None □ Start □ Continue Regimen □ Change Regimen □ Stop

46h. Reason for stop/change: □ Toxicity______________________________ □ Other______________________________

46i. New Drugs: □ Septrin □ Dapsone 100 mg

46j. TB Prophylaxis: □ None □ Start Isoniazid □ Continue Isoniazid □ Stop Isoniazid

46k. Reason for stop: □ Completed □ Active TB □Toxicity : □ Other:

46l.TB Treatment:□None □Start Induction □Change to Continuation □Continue Regimen □Drug substitution □Re-dose □Stop

46m.Reason for start : □ New treatment 1st line □ Defaulted->restart 1st line □ Regimen failure->start Retreatment □ Relapse/re-infection->Retreatment

46n. Reason for stop/change/re-dose: □ Completed □ Toxicity__________________________ □ Other__________________

46o.□ Rifafour(RHZE) ____tabs/day	□ Streptomycin_____mg	□ Pyrazinamide _____mg	□ INH_____mg
□ 3-FDC(RHE)____tabs/day	□ Ethambutol _____mg/day	□ Ethizide(EH) _____mg	□ MDR TB Drugs
□ Rifater(RHZ)____tabs/day	□ Rifabutin_____tabs	□ Rifampicin_____mg	□ Other(specify):
□ Rifinah(RH) ____tabs/day			

46p. Cryptococcus Tx: □ None □ Start Fluconazole □ Continue Fluconazole □ Stop Fluconazole

47. Additional Drugs (ordered at the time of the initial visit)

Drugs	Strength	Sig	Drugs	Strength	Sig
1.			4.		
2.			5.		
3.			6.		

Patient Plan Comments:

48. What tests will be ordered for the patient ? □ None □ Complete Blood Count □ ALT □ AST □ CXR □ Creatinine □ CD4 Count Assay □ HIV ELISA □ Radiology Test (specify):________________________________

Sputum : □ AFB Smear □ Culture □ Gene Xpert □ VDRL □ Electrolytes □ HIV Viral load □ Pregnancy Test □ Other (specify):

49. What referrals will be made for the patient? □ None □ Social Work Services □ Psychosocial Support □ Disclosure counseling □ Family Planning services □ TB treatment/DOT program □ Oncology □ Diabetes □ Nutritional support □ Adherence Counseling □ Alcohol counseling/ support groups □ Mental Health Services □ pMTCT □ Cardiology □ Other referral (specify):______________________________ □ Inpatient care/Hospitalization: (□ MTRH □ Local Health Centre/Hospital □ Other Facility:______________________________

Notes:

50. When is the patient's next appointment? Weeks ________________________ Months __________________________

51. Next Scheduled Appointment Date __ ___ / __ ___ / __ __ ___ ___

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