



## Section C: Clinical information

Date of HIV diagnosis:

In the past 24 months was the patient diagnosed with TB?  Yes  No

If yes, date TB treatment started:           TB end date:

Drug resistant TB  Drug sensitive TB  Unknown

Has the patient been diagnosed with TB Meningitis?  Yes  No

Does the patient have an active psychiatric disease?  Yes  No

If yes, with depression?  Yes  No

Cryptococcal Meningitis?  Yes  No

Have you been diagnosed or tested for chronic renal disease?  Yes  No

If patient between 15-19 years an urine dipstick is required:  Normal  Abnormal  Proteinuria:  Yes  No

Previous ART (excluding PMTCT)?  Yes  No

Previous ART for PMTCT?  Yes  No

Currently on ART?  Yes  No

Is this a test and treat enrolment (CD4>500):  Yes  No

Allergies: \_\_\_\_\_

WHO Stage:  1  2  3  4

### SYMPTOMS EXPERIENCED BY PATIENT OVER PAST SIX MONTHS

WHO CLINICAL STAGE 3 SYMPTOMS	WHO CLINICAL STAGE 4 SYMPTOMS
Unexplained severe weight loss (>10% of body weight)	HIV wasting syndrome
Unexplained chronic diarrhoea > one month	Pneumocystis pneumonia
Unexplained persistent fever > one month	Recurrent severe bacterial pneumonia
Persistent oral candidiasis	Chronic herpes simplex infection (orolabial, genital or anorectal of more than one month's duration or visceral at any site)
Oral hairy leukoplakia	Oesophageal candidiasis (or candidiasis of trachea, bronchi or lungs)
Oral hairy leukoplakia	Extrapulmonary tuberculosis
Severe bacterial infections (e.g. pneumonia)	Kaposi's sar
Acute necrotizing ulcerative stomatitis, gingivitis or periodontitis	Cytomegalovirus infection (retinitis or infection of other organs)
Unexplained anaemia, neutropaenia, chronic thrombocytopaenia	Central nervous system toxoplasmosis
Clinical Stage 3 – Paediatric	HIV encephalopathy
Unexplained moderate malnutrition	Extrapulmonary cryptococcosis including meningitis
Unexplained persistent diarrhoea (14 days or more)	Disseminated non-tuberculous mycobacteria infection
Persistent fever > one month	Progressive multifocal leucoencephalopathy
Persistent oral candidiasis (after first six weeks of life)	Chronic cryptosporidiosis
Acute necrotizing ulcerative gingivitis or periodontitis	Chronic isosporiasis
Lymph node tuberculosis	Disseminated mycosis (extrapulmonary histoplasmosis, coccidiomycosis)
Weakness, numbness or paraesthesias in hands or feet	Recurrent septicaemia (including non-typhoidal salmonella)

### PMTCT:

Estimated date of delivery:

### PEP:

Date of incident:

Type of exposure:  Sexual exposure  Blood exposure

Indicate if the patient tested using an HIV ELISA test:  Yes  No

Indicate if the patient was tested using an HIV Rapid test:  Yes  No

**PrEP:**Reason:  Discordant couple  MSMConfirmation of HIV positive partner reviewed by practitioner: Please provide membership number HIV positive partner is on GEMS: **Section D: Measurements and Pathology**Weight:    kgHeight:    cm**HIV LATEST PATHOLOGY RESULTS (COMPLETE OR ATTACH RESULTS)**

TEST	DATE								RESULT
CD4 cell count	Y	Y	Y	Y	M	M	D	D	/mm <sup>3</sup>
CD4 % (child <12 years)	Y	Y	Y	Y	M	M	D	D	%
VL	Y	Y	Y	Y	M	M	D	D	copies/ml

**OTHER RESULTS**

TEST	DATE								RESULT	
RPR	Y	Y	Y	Y	M	M	D	D	Pos:	Neg:
Hep B sAg	Y	Y	Y	Y	M	M	D	D	Pos:	Neg:
Hb	Y	Y	Y	Y	M	M	D	D	g/dl	
Creatinine	Y	Y	Y	Y	M	M	D	D	mMol/l	
TB sputum	Y	Y	Y	Y	M	M	D	D	Pos:	Neg:
PAP smear	Y	Y	Y	Y	M	M	D	D		
ALT	Y	Y	Y	Y	M	M	D	D		
U&E – Pt on tenofovir	Y	Y	Y	Y	M	M	D	D		
LFT – Pt on nevirapine	Y	Y	Y	Y	M	M	D	D		
FBC – Pt on zidovudine	Y	Y	Y	Y	M	M	D	D		

**Section E: ART information****PREVIOUS ANTI-RETROVIRAL THERAPY (ART) AND HIV-RELATED PROPHYLAXIS**

MEDICINE	DOSE	DATE COMMENCED								DATE STOPPED								REASON STOPPED/SIDE-EFFECTS
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	

**CURRENT ART, PROPHYLAXIS AND CHRONIC MEDICINE**

MEDICINE	DOSE	DATE COMMENCED								DATE STOPPED								REASON STOPPED/SIDE-EFFECTS
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	

Keep current ARTs?  Yes  No

If no, indicate new ARTs on the following page.

**NEW ART, PROPHYLAXIS AND CHRONIC MEDICINE**

MEDICINE	DOSE	DATE COMMENCED								DATE STOPPED								REASON STOPPED/SIDE-EFFECTS
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	

**PMTCT: ART for Baby, PROPHYLAXIS AND CHRONIC MEDICINE**

MEDICINE	DOSE	DATE COMMENCED								DATE STOPPED								REASON STOPPED/SIDE-EFFECTS
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	

**PLEASE NOTE:** Include a prescription for the medicine recommended for treatment.

**ATTACHMENTS:** Copies of the following have been attached to this application:

Confirmation of HIV status (ELISA)    
  CD/Viral load result/Hb/ALT/CREATININE    
  Prescription for medicine recommended

- I certify that the above particulars are to the best of my knowledge accurate.
- I confirm that I have disclosed the results to the member and have given the required counselling including the importance of adhering to the treatment plan, which includes regular follow-ups and medicine compliance.
- I hereby authorise GEMS to process and submit a claim for payment under tariff code 0199 on my behalf, as reimbursement for completing this registration form. I confirm that I will not submit a separate claim. NB: Tariff code 0199 will only be paid for first time completion of the registration form.

Doctor's signature \_\_\_\_\_

Date of signature 

D	D	M	M	Y	Y	Y	Y
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