## Paediatric Disclosure Form Health Facility: Name: \_\_\_\_\_\_ Unique No.: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: \_\_\_\_ Disclos. Reg. No.: \_\_\_\_\_ Primary Caregiver: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Parent or guardian (if not Primary Caregiver): \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Attach this form to the child's patient care booklet to assist with the child's disclosure process. Record child's details in the Paediatric Disclosure Register and copy the register number to the space on this form. At each visit the HCW should determine a child's understanding of the disease as this re-enforces correct understanding, and complete the information below. Record the date of full disclosure in the box below, on p.2 of this form and in the Paediatric Disclosure Register. Does the child know HIV status before introduction of the book? Remember to record this date on page 2 of this form and in the Paediatric Disclosure

Register. Then turn to page 2 to record post-HIV disclosure assessments

Date of visit	Age (yrs/ mths)	Mths on HAART	Adherence since last visit	Child's response to "why are you taking your medicines"	*Disclosure discussions today	Adult who is with child at this visit (name and relationship)	What child wants to be:  Other comments

<sup>\*</sup>Note contents of "Disclosure discussions today" using the following codes: [NB: Ch. Refers to chapter in accompanying disclosure book]

Yes

No

Ch. 1 = soldiers; Ch. 2 = soldiers, "bad guy", and ARVs keep "bad guy" sleeping; Ch. 3 = taking all ARVs at right times keeps "bad guy" asleep;

Ch. 4 = forgetting ARVs allows "bad guy" to wake up & can cause resistance to ARVs;

**Ch. 5a** = the name of soldiers (CD4);

## **Child Follow up after full HIV Disclosure**

Full HIV disclosure date:	2-week appointment date:

Following full HIV disclosure, a 2-week consultation appointment is recommended to allow the child and primary caregiver to return in good time with any questions or issues they may have. This portion of the paediatric disclosure form allows focused assessment over time of the child's reaction to his/her HIV diagnosis, starting with the day when full disclosure is done and throughout the period when the child and caregiver will be most vulnerable. This section should be completed in addition to the table on page 1 of this form. The child's reaction during each visit should help the provider and primary caregiver develop action plans for ongoing support to the child. The post-disclosure follow up should continue until the child has accepted his or her HIV status.

Date of full disclosure	Persons present at full disclosure	Child's reaction	to full disclosure	Action Plan	
Date of	Child's reaction disclo		Action Plan		
follow-up visit	Caregiver's reflection	HCW's	Action taken during this visit		
VISIL	renection	assessment	tilis visit	Caregiver	псч