













Yellow Card

Patient / Guardian Details				Status at ART Initiation						Confirmatory HIV Test before ART Start																																																											
Patient Name				WHO clinical conditions	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4">Clin Stage</td> <td rowspan="2">TB Status at Initiation</td> <td>Never/ >2yrs</td> <td>Last 2yrs</td> <td>Curr</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> <td>P_{SHD}</td> <td>N</td><td>Y</td> </tr> <tr> <td colspan="4">CD4 / TLC</td> <td rowspan="2">Pregnant / Lactating</td> <td colspan="3">KS</td> </tr> <tr> <td colspan="4">C_{D4}/T_{LC} Date</td> <td colspan="3">N P_{reg} Lact</td> </tr> <tr> <td colspan="4">Height, Wt.</td> <td rowspan="2">Ever taken ARVs</td> <td colspan="3">N Y</td> </tr> <tr> <td colspan="2">cm</td><td colspan="2">kg</td> <td colspan="3">Last ARVs (drug, date)</td> </tr> <tr> <td colspan="4">Age at Init.</td> <td colspan="6"></td> </tr> </table>						Clin Stage				TB Status at Initiation	Never/ >2yrs	Last 2yrs	Curr	1	2	3	4	P _{SHD}	N	Y	CD4 / TLC				Pregnant / Lactating	KS			C _{D4} /T _{LC} Date				N P _{reg} Lact			Height, Wt.				Ever taken ARVs	N Y			cm		kg		Last ARVs (drug, date)			Age at Init.										Site, HTC Serial No.			
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Sex, Birth Date				M F		DOB		Test Date																																																													
Physical Address				N		Y		ART educat. done		Rapid PCR																																																											
Guardian Name				N		Y		TB treatm.		Date																																																											
Phone				Patient		Guardian		ART Regimens		Reg. No. Start Date																																																											
Agrees to FUP				N		Y		Regimen		Start Date																																																											

Visit Date	Hgt	Wt	Adverse Outcome	Outcome Date	ART Regimen	Side Effects (Current)	TB Status (Curr.)*				Pill Count	Doses Missed	ARVs Given	CPT	Family Plan		Months on ART	Viral Load		Next Appointment
							Suspected	Confirmed	noRx	Rx					Depto	No. of condom		Sample taken	Result	
<i>day month year</i>	<i>cm</i>	<i>kg</i>			<i>Adult Formulations</i>	Specify 'Other' in Notes	No	Yes	noRx	Rx			No. of tablets	To	given					
Jan			D Def Stop TO		1A 2A 3A 4A 5A 6A 7A 8A Oth	No PN HP Sk Lip Oth	N	Y	C	R _x			P	G				Bled		
Feb			D Def Stop TO		1A 2A 3A 4A 5A 6A 7A 8A Oth	No PN HP Sk Lip Oth	N	Y	C	R _x			P	G				Bled		
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Nov			D Def Stop TO		1A 2A 3A 4A 5A 6A 7A 8A Oth	No PN HP Sk Lip Oth	N	Y	C	R _x			P	G				Bled		
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Yellow Card

Visit Date <small>day month year</small>	Hgt <small>cm</small>	Wt <small>kg</small>	Adverse Outcome	Outcome Date	ART Regimen <i>Adult Formulations</i>	Side Effects (Current) <small>Specify 'Other' in Notes</small>	TB Status (Curr.)*		Pill Count	Doses Missed	ARVs Given <small>No. of tablets To</small>	CPT <small>No. of tablets</small>	Family Plan		Months on ART	Viral Load		Next Appointment
							Suspected <small>No Yes</small>	Confirmed <small>noRx Rx</small>					Depo <small>given</small>	No. of condom		Sample taken	Result	
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Extra row for 2-week visit after ART initiation or for any second visit falling in the same month as a previous visit

			D Def Stop TO		1A 2A 3A 4A 5A 6A 7A 8A Oth	No PN HP Sk Lip Oth	N Y	C Rx			P G					Bled	
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Notes

Ever taken ARVs Has the patient ever taken any ARVs? (e.g. single dose nevirapine for PMTCT, PEP or triple therapy) If yes, specify drug and approximate date when last taken

Outcome (circle only one option, leave blank if patient alive on ART)

- D Died
- Def Defaulted: More than 2 months overdue after expected to have run out of tables, unknown survival and ART status
- Stop Patient stopped taking ARVs (clinician's or patient's own decision)
- TO Transferred to other ART clinic (including 'unofficial' transfers)

TB Status at Initiation

Never or >2yrs ago TB within the last 2 yrs Current episode of TB

Side Effects (circle at least one option)

- No No side effects
- PN Peripheral neuropathy
- HP Hepatitis
- SK Skin rash
- Lip Lipodystrophy
- Oth Other ARV drug side effect

ARVs Given

- P ARVs given to patient
- G ARVs given to guardian

TB Status Current (any form of TB, smear pos or neg)

- N TB Not suspected
- Y TB Suspected
- C TB Confirmed not (yet) on TB treatment
- Rx TB Confirmed & currently taking TB treatment

PSHD = Presumed severe HIV disease

*** Routine TB Screening Checklist**

- 1) Cough of any duration
- 2) Fever
- 3) Night sweats
- 4) Weight loss / failure to thrive / malnutrition

Suspect and investigate for TB if any of these signs are seen