

# COMPREHENSIVE HIV CARE

## Patient Card

<p><b>Unique #</b> <input style="width: 100px; height: 20px;" type="text"/></p> <p><b>District</b>.....</p> <p><b>Health Unit</b>.....</p> <p><b>Clinical Team Leader</b> .....</p> <p><b>Name</b>..... <b>Pt Clinic No</b> .....</p> <p><b>Sex:</b> M <input type="checkbox"/> F <input type="checkbox"/> <b>Age</b>..... <b>DOB</b>..... <b>Marital status</b> .....</p> <p><b>Address: Subcounty</b>..... <b>Parish</b> .....</p> <p><b>LCI</b> .....</p> <p><b>Phone (Whose)</b> .....</p> <p><b>Care entry point:</b></p> <table style="width: 100%; border: none;"> <tr> <td>• PMTCT <input type="checkbox"/></td> <td>• Exposed Infant <input type="checkbox"/></td> </tr> <tr> <td>• Medical Outpatient <input type="checkbox"/></td> <td>• Outreach <input type="checkbox"/></td> </tr> <tr> <td>• Under 5 <input type="checkbox"/></td> <td>• Others <input type="checkbox"/></td> </tr> <tr> <td>• TB <input type="checkbox"/></td> <td>• Inpatient <input type="checkbox"/></td> </tr> <tr> <td>• STI <input type="checkbox"/></td> <td></td> </tr> </table> <p>Treatment supporter/med pick-up if ill: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Home-based care provided by: _____</p>	• PMTCT <input type="checkbox"/>	• Exposed Infant <input type="checkbox"/>	• Medical Outpatient <input type="checkbox"/>	• Outreach <input type="checkbox"/>	• Under 5 <input type="checkbox"/>	• Others <input type="checkbox"/>	• TB <input type="checkbox"/>	• Inpatient <input type="checkbox"/>	• STI <input type="checkbox"/>		<p><b>Date</b></p> <p>_____ Enroled in HIV care</p> <p><b>ART Therapy</b></p> <p>_____ Medically eligible Clinical stage _____</p> <p>Why eligible: <input type="checkbox"/> Clinical only <input type="checkbox"/> CD4 #/% _____</p> <p>_____ Medically eligible <u>and</u> ready for ART</p> <p>_____ Transferred in from _____ ART started _____</p> <p>_____ <b>Start ART first-line-original regimen:</b></p> <p><b>At start ART: Weight</b> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> <b>Function</b> <input type="checkbox"/> <b>Clinical stage</b> <input type="checkbox"/></p> <p><b>Substitute within first-line:</b></p> <p>_____ New regimen _____ Why _____</p> <p>_____ New _____ Why _____</p> <p><b>Switch to 2nd line (or Substitute within 2nd line):</b></p> <p>_____ New regime _____ Why _____</p> <p>_____ New _____ Why _____</p> <p>_____ New _____ Why _____</p> <p>_____ <b>Transferred out</b> To where: _____</p>
• PMTCT <input type="checkbox"/>	• Exposed Infant <input type="checkbox"/>										
• Medical Outpatient <input type="checkbox"/>	• Outreach <input type="checkbox"/>										
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• STI <input type="checkbox"/>											

1st-line

2nd-line

