



7.5 HIV TREATMENT CARE RECORD

(To be stored in a locked cabinet at the health centre and arranged serially by registration number)

1. Patient Identification Data

| Registration Number | | | | | Treatment Centre (Health Facility) | | | Patient's | | |
|---------------------|---------|------|----|----------|------------------------------------|----------|-------------------------|------------|-----------|-------------------|
| Master | Service | Date | | | Name | District | Rural- /Municipality | First Name | Last Name | Ethnicity Code |
| | | DD | MM | YYY Y | | | | | | code |

| Patient's | | | | | | | | | | | |
|------------------------|----------------------|------------|--------------------|-------------|-----|----------------|-------------------|---|-----|---------|--|
| Client Code | Date of Birth | Age | Permanent address | | | | Temporary address | | | | |
| | | | District | Rural- | War | Contact number | District | Rural-/Municipality | War | Cont | |
| | DD | MM | YYYY | | | | | | | | |
| Educational Status* | Education Level** | Employment | Average Monthly | SMS Consent | | | | Treatment Supporter's Information (If Applicable) | | | |
| | | | | Yes | Y | No | N | Full Name | | Address | |
| Code | Code | Code | | | | | | | | | |

*Educational Status: 1=Illiterate, 2=Literate

**Education level: 1=Primary, 2=Secondary, 3=Higher secondary, 4=Bachelor or above

***Employment status: 1=Unemployed, 2=Employed

| Confirmed HIV +ve | | | | TB assessment and test at the time of enrollment in HIV | | | | History of Other Chronic Diseases | | | |
|-------------------|----|------|-------|---|---------|-------------|------------|-----------------------------------|-------|---------|----|
| Date | | | Place | Smear | Culture | Chest x-Ray | Gene Xpert | Disease | Drugs | Disease | Dr |
| DD | MM | YYYY | | | | | | | | | |

2. HIV Care History

| Date enrolled in | | | WHO | Date of CD4 Count | | | CD4 | Date of CPT Start | | | Date of TBPT Start | | | Date of ART start | | | Regin |
|------------------|----|------|-----|-------------------|----|------|-----|-------------------|----|------|--------------------|----|------|-------------------|----|------|-------|
| DD | MM | YYYY | | DD | MM | YYYY | | DD | MM | YYYY | DD | MM | YYYY | DD | MM | YYYY | |

| Entry Point (Services Referring the Patient for treatment care): | HTC | 1 | TB | 2 | Outpatient | 3 | Inpatient | 4 | Paediatric | 5 | PMTCT | 6 | STI |
|---|---------|---|-----|---|------------|----|-----------|----|------------|----|-------|---|-----|
| | Private | 8 | NGO | 9 | Self | 10 | Outreach | 11 | Others | 12 | | | |

| Patient Transferred in from another treatment center | Transfer in | | | | Transfer Out | | | | | |
|---|-------------|------|----|------|--------------|-----------|------|----|------|--------|
| | From (Site) | Date | | | Regimen | To (Site) | Date | | | Regime |
| | | DD | MM | YYYY | | | DD | MM | YYYY | |
| | | DD | MM | YYYY | | | DD | MM | YYYY | |
| | | DD | MM | YYYY | | | DD | MM | YYYY | |
| | | DD | MM | YYYY | | | DD | MM | YYYY | |
| | | DD | MM | YYYY | | | DD | MM | YYYY | |

| 3. Personal History (Circle One Choice) | | | 4. Family History | | | | | | | | |
|---|---|----|------------------------------------|---|------------------------|----------|-----|---------|------------------|-----------|-----|
| Risk Group | Female Sex Worker (FSW) | 1 | Marital Status (Circle One Choice) | | Name of Family Members | Relation | Age | Gen der | HIV Status (v/x) | ART (v/x) | Reg |
| | People Who Injects Drugs (PWIDs) | 2 | Unmarried | 1 | | | | | | | |
| | Men who have sex with Men (MSM) | 3 | | | | | | | | | |
| | Blood or Organ Recipient | 4 | Married | 2 | | | | | | | |
| | Clients of Sex Workers | 5 | | | | | | | | | |
| | Migrants | 6 | Widow/Widower | 4 | | | | | | | |
| | Spouse / Partner of Migrants | 7 | | | | | | | | | |
| | Male Sex Worker (MSW) | 8 | Living Together | 5 | | | | | | | |
| | Sexual Minorities (SM=TG) | 9 | | | | | | | | | |
| | Vertical Transmission | 10 | Separated | 6 | | | | | | | |
| | Prison Inmates | 11 | | | | | | | | | |
| | Other (not specified in above category) | 12 | Not Applicable | 7 | | | | | | | |
| | | | | | | | | | | | |

5. For PMTCT Cases

| Mother's ART Start Period | | | | Delivery Status | | | | Baby Prophylaxis | | | |
|---------------------------|--|--|--|-----------------|--|--|--|------------------|--|--|--|
| | | | | | | | | Started | | | |

[illegible]

| 8. Antiretroviral Treatment | | | | | | | | | |
|--|------|----|------|--------------|--------|------|---------|--------|-------------|
| Started Regimen | Date | | | Substitution | Switch | Stop | Restart | Reason | New Regimen |
| | DD | MM | YYYY | | | | | | |
| | DD | MM | YYYY | | | | | | |
| | DD | MM | YYYY | | | | | | |
| | DD | MM | YYYY | | | | | | |
| | DD | MM | YYYY | | | | | | |
| | DD | MM | YYYY | | | | | | |
| | DD | MM | YYYY | | | | | | |
| | DD | MM | YYYY | | | | | | |
| *Reasons Stopping ARV | | | | | | | | | |
| 1=Toxicity side effects, 2=Pregnancy, 3=Treatment failure, 4=Poor adherence, 5=Illness hospitalization, 6=Drug stock out, 7=Patient lack of finance, 8=Patient decision, 9=Planned treatment interruption, 10=others | | | | | | | | | |

| 9. End of Follow-up | | | | | | |
|--|---|----------------------|----|----|------|-------------------------------------|
| Lost to Follow-up (>3M) | 1 | Date of Last Visit | DD | MM | YYYY | Name of Transferred Health Facility |
| Transferred out | 2 | Date of Transfer out | DD | MM | YYYY | Name of Health Facility |
| Death | 3 | Date of Death | DD | MM | YYYY | |
| *Reasons for Substitute of ARV | | | | | | |
| 1= Toxicity side effects, 2= Pregnancy, 3= Risk of pregnancy, 4= New drug available, 5= diagnosed TB, 6= New drug available, 7= Drug stock out, 8= Other | | | | | | |
| *Reasons for Switching ARV | | | | | | |
| 1= Clinical treatment failure, 2= Immunological failure, 3= Virological failure | | | | | | |
| Note: SUBSTITUTION within 1st line, SWITCH to 2nd line, STOP, RESTART | | | | | | |

10. HIV TREATMENT CARE FOLLOW-UP

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