

encounter - encounter - date/time
Patient - given name, middle name, family name

1246

ADULT FOLLOW UP VISIT FORM v11042018

Masaka Healthcare Center

Date of Visit:(d/m/y) Scheduled visit: Unscheduled visit:

PATIENT DEMOGRAPHICS
Patient name: Patient ID: 1369 1372 1373 1720 1403

Change of address / phone contact: Yes No if yes Phone contact:
New Address: 1371 2608 1372 1373 1720 1403

HISTORY and VITAL SIGNS
New children in household tested since last visit? Yes No 2454 2455 2456

New household members in care since last visit? Yes No if yes Specify Number: 173 1343 2570

Vital Signs: Wt: 5089 (kg) Temp: 5088 (°C) B.P: 146/4 (5092) (mm/Hg) Pulse: 5087 Ht: 5090 (cm) MUAC: (cm) G Y R

NCDs 1. Hypertension if yes tick Mild HT Moderate HT Severe HT 2. Diabetes Mellitus if yes tick which type Type 1 Type 2 175

LNMP: 1460 Pregnant now? Yes No Unknown If yes: No of weeks: 12.99 EDD: 55.9.6

In P/MTCT? Yes No Option B+ Yes No 6144 yes: Which ARVs: Full Therapy 2575

Women only: Delivered since last visit? No Yes -> date: 55.9.9 Preg Outcome: Live Birth Stillbirth Miscarriage Abortion

Has infant received NVP or AZT? Yes No Feeding Method: Breast Formula Both

Family Planning: Use: Yes No 178 5275 1685 5279 5277 Method: Condom Oral contraceptive pills I.U.Ds Implants Injectable Natural Methods e.g. Abstinence Other 1463

Drug Allergy: Sulpha drugs: Yes No 6012 Penicillin: Yes No 6011 Others: 1083 1693 Yes No

CLINICAL ASSESSMENT 1468 1538 1083

Clinical presentation: No complaints Complaints

Presenting complaints: (circle chief complaint, tick other symptoms) 5957 1080 1082 1781

<input type="checkbox"/> General <u>1069</u>	<input type="checkbox"/> Oral Sores - <u>5244</u>	<input type="checkbox"/> Productive Cough	<input type="checkbox"/> Genitourinary <u>1080</u>	<input type="checkbox"/> Nervous System	<input type="checkbox"/> Psychiatric
<input type="checkbox"/> Fever - <u>5945</u>	<input type="checkbox"/> Tooth Ache - <u>2593</u>	<input type="checkbox"/> Dry Cough - <u>1475</u>	<input type="checkbox"/> Dysuria - <u>6020</u>	<input type="checkbox"/> Paresthesia <u>6004</u>	<input type="checkbox"/> Mania <u>1783</u>
<input type="checkbox"/> Weight Loss - <u>832</u>	<input type="checkbox"/> Red Eyes - <u>2021</u>	<input type="checkbox"/> Chest Pain - <u>136</u>	<input type="checkbox"/> Genital Swelling <u>2076</u>	<input type="checkbox"/> Seizure <u>206</u>	<input type="checkbox"/> Depression <u>207</u>
<input type="checkbox"/> Weight Gain - <u>5544</u>	<input type="checkbox"/> Nasal Congestion - <u>2018</u>	<input type="checkbox"/> Palpitation - <u>2532</u>	<input type="checkbox"/> Genital Warts <u>2006</u>	<input type="checkbox"/> Forgetfulness <u>2001</u>	<input type="checkbox"/> Hallucinations <u>1782</u>
<input type="checkbox"/> Chills/Rigors - <u>871</u>	<input type="checkbox"/> Smelling Difficulties - <u>2045</u>	<input type="checkbox"/> Gastrointestinal <u>1078</u>	<input type="checkbox"/> Genital Itching <u>2005</u>	<input type="checkbox"/> Nuchal Rigidity <u>5170</u>	<input type="checkbox"/> Anxiety <u>1784</u>
<input type="checkbox"/> Fatigue - <u>5949</u>	<input type="checkbox"/> Nasal Discharge - <u>6016</u>	<input type="checkbox"/> Constipation - <u>996</u>	<input type="checkbox"/> Urethral Discharges <u>599</u>	<input type="checkbox"/> Focal Weakness <u>6008</u>	<input type="checkbox"/> Dermatologic <u>1700</u>
<input type="checkbox"/> Night Sweats - <u>6029</u>	<input type="checkbox"/> Dysphagia - <u>881</u>	<input type="checkbox"/> Abdominal Pain - <u>151</u>	<input type="checkbox"/> Genital Ulcers <u>2004</u>	<input type="checkbox"/> Confusion <u>6006</u>	<input type="checkbox"/> Pruritis - <u>877</u>
HEENT <u>1070</u>	<input type="checkbox"/> Visual Difficulties - <u>2019</u>	<input type="checkbox"/> Epigastric Pain - <u>2200</u>	<input type="checkbox"/> Vaginal Discharges <u>599</u>	<input type="checkbox"/> Dizziness <u>877</u>	<input type="checkbox"/> Rash - <u>512</u>
<input type="checkbox"/> Vision Difficulties - <u>5953</u>	<input type="checkbox"/> Flu - <u>2044</u>	<input type="checkbox"/> Nausea - <u>5978</u>	<input type="checkbox"/> Genital Sores <u>864</u>	<input type="checkbox"/> Headache <u>620</u>	<input type="checkbox"/> Nodules - <u>1701</u>
<input type="checkbox"/> Hearing Difficulties - <u>861</u>	<input type="checkbox"/> Eye Itching - <u>2020</u>	<input type="checkbox"/> Diarrhea - <u>16</u>	Musculoskeletal <u>1081</u>	<input type="checkbox"/> Memory Problems	<input type="checkbox"/> Swellings - <u>6001</u>
<input type="checkbox"/> Otorrhea - <u>873</u>	<input type="checkbox"/> Running Nose - <u>2017</u>	<input type="checkbox"/> Poor Appetite - <u>6031</u>	<input type="checkbox"/> Edema Legs <u>590</u>	<input type="checkbox"/> Depression - <u>207</u>	<u>6037</u>
<input type="checkbox"/> Sore Throat - <u>2023</u>	<input type="checkbox"/> Dyspepsia - <u>111</u>	<input type="checkbox"/> Muscle Pain <u>6034</u>	<input type="checkbox"/> Joint Pain - <u>80</u>	<input type="checkbox"/> Numbness - <u>2602</u>	
<input type="checkbox"/> Epistaxis - <u>173</u>	Cardiopulmonary <u>1071</u>	<input type="checkbox"/> Yellow Eyes - <u>2008</u>	<input type="checkbox"/> Back Pain - <u>456</u>	<input type="checkbox"/> Hand/Foot Pains - <u>2075</u>	
<input type="checkbox"/> Odynophagia - <u>2022</u>	<input type="checkbox"/> Haemoptysis - <u>1531</u>	<input type="checkbox"/> Vomiting - <u>5980</u>	<input type="checkbox"/> Joint Swelling - <u>5312</u>		
<input type="checkbox"/> Earache - <u>2040</u>	<input type="checkbox"/> Shortness Of Breath - <u>5960</u>				

Other symptoms: 2256 5312

SIDE EFFECTS OF ARVs: 4 1366 821 1617

<input type="checkbox"/> N/A (not on ARVs)	<input type="checkbox"/> None - <u>1107</u>	<input type="checkbox"/> Nausea - <u>5978</u>	<input type="checkbox"/> Anxiety <u>1784</u>	<input checked="" type="checkbox"/> Peripheral Neuropathy	<input checked="" type="checkbox"/> Lipoatrophy
<input type="checkbox"/> Sleep Disturbance	<input type="checkbox"/> Diarrhea - <u>16</u>	<input type="checkbox"/> Abdominal Pain - <u>151</u>	<input type="checkbox"/> Renal Toxicity <u>2596</u>	<input type="checkbox"/> Fatigue - <u>5949</u>	<input type="checkbox"/> Anemia - <u>3</u>
<input type="checkbox"/> Jaundice	<input type="checkbox"/> Dizziness - <u>877</u>	<input type="checkbox"/> Numbness <u>2002</u>	<input type="checkbox"/> Vomiting - <u>5980</u>	<input type="checkbox"/> Headache - <u>620</u>	<input type="checkbox"/> Nightmares
<input type="checkbox"/> Rash	<input type="checkbox"/> Depression - <u>207</u>	<input type="checkbox"/> Other: <u>1362</u> <u>2311</u>			<u>1616</u>

Active HIV related diagnosis: (tick all current conditions and highest current stage) 5356 6242 5034

WHO STAGE 1 - 1204 5328 6103 507 WHO STAGE 4 - 1207

Asymptomatic Persistent Generalized Lymphadenopathy Kaposi Sarcoma If KS is Biopsy Done? Yes No

WHO STAGE 2 - 1205 5012 882 Pneumocystis Carinii Pneumonia Chronic Cryptosporidiosis / Diarrhoea

Unexplained Weight Loss <10% Recurrent URTI 2539 Recurrent Severe Bacterial Pneumonia Chronic Isosporiasis - 2542

Herpes Zoster 5012 2534 Angular Cheilitis 5344 Chronic Herpes Simplex Infection Disseminated Mycosis - 5350

Recurrent Oral Ulceration 1249 Papular Pruritic Eruption Oesophageal Candidiasis - 2540 Recurrent Septicaemia - 2543

Seborrhoeic Dermatitis 2537 Fungal Nail Infections Extra pulmonary Tuberculosis - 5042 HIV Wasting Syndrome - 823

WHO STAGE 3 - 1206 5338 5033 Extrapulmonary Cryptococcosis Invasive Cervical Carcinoma - 2544

Unexplained Weight Loss >10% Pulmonary Tuberculosis Cytomegalovirus Infection - 5035 Atypical Disseminated Leishmaniasis - 2545

Unexplained Chronic Diarrhea Severe Bacterial Infections Central Nervous System Toxoplasmosis HIV Encephalopathy - 5345

Unexplained Persistent Fever Necrotizing stomatitis/ gingivitis Disseminated Non Tuberculous Mycobacterial Infection Lymphoma - 5041

Persistent Oral Candidiasis Unexplained Anaemia Progressive Multifocal Leukoencephalopathy Symptomatic HIV Nephropathy

Oral Hairy Leukoplakia Treatment Stages (Tick if Applicable) T1 T2 T3 T4 2546 6108

Other active Diagnoses for Current Problem:

PHYSICAL EXAM FINDINGS

2455
1114
6215
903
1462
5271
6095
2576
374

5953

6100
5327
6101
5332
5329
2535
2536
6102
5339
5018
5027
5334
5337

6108

5030
1217
2538
6198
990
5046
2541
6194
6195
6196
6197

2323 FUNCTIONAL STATUS: Working Ambulatory Bedridden.
 KARNOFSKY SCORE (KPS) See codes: 100 90 80 70 60 50 40 30 20 10 0
 1283 LABORATORY REQUEST: None CD4 Hb RFTs CBC LFTs Sputum CXR HCG B/S For mps Viral Load RBS
 Lipid Profiles OTHER (Specify) (2483) 1560 2445 1019 1561 1565 1566 1564
 1519 TUBERCULOSIS 2109 1515 1359 2160 1360 1518 2524 1517 (1269) (1267) (102)
 2161 TB Status: No Signs Suspected Diagnosed On Treatment Completed Treatment
 2187 TB Treatment: None Start Rx Continue Rx Re-Treatment Stop Rx Stop Reason Completed Toxicity
 if Start TB Start Date: (1113) (2526) Number of months on Rx: (6199) 2522 If Stop TB Stop Date: (2525)
 1992 TB RX Phase Initial Continuation TB Drugs: EH RHE RH RHZE SRHZE Other 656
 TB Prophylaxis Status None Start Continue Stop TB Prophylaxis Drug Given INH No of Months on INH: (6222)
 1600 ADHERENCE 1107 2163 2164 2529 2165 2530 2531 2528 2128
 ARVs: Number of doses missed in last month: 1602 1603 Balance
 Good (≥ 95%) Fair (85-94%) Poor (< 85%) (1604) 1607 1598 1608
 1615 Reason(s) for poor ARV adherence; (Tick all that apply) Toxicity felt better too ill stigma/ disclosure issues travel problems depression
 drug out of stock forgot patient run out of pills alcohol consumption Inadequate Counseling Patient's Decision Other
 Cotrimoxazole: Number of doses missed in last month: 1612 1605 2287
 Good (≥ 95%) Fair (85-94%) Poor (< 85%) 1606 1607 1598 1608
 2340 Reason(s) for poor adherence; (Tick all that apply) Toxicity felt better too ill stigma/ disclosure issues travel problems depression
 drug out of stock forgot patient run out of pills alcohol consumption other 1362
 2457 TREATMENT: 1583 1584 6181 1586 6180 1587 1592 6221 1380 1588 1590 1356 6110 1589
 1591 ARVs: Not eligible Eligible, Not started Start Switch to 2nd line Switch to 3rd line Stop substitute Restart Lead Out Continue
 1593 ARV START Reason Pregnant Mother Lactating Mother Clinical Transfer in On ART CD4 < 500 Age above 50yrs Active TB Hepatitis
 (MARPs Discordant Couples CSWs Fisher Folks Truckers) Age between 0-14 6184 6177 6178 2168 29
 1599 Reason for not starting when eligible:
 Drug out of stock patient not ready no treatment supporter too ill other 1362
 1357 Reason for switch / stop / substitute: 1582 1572 1580
 Drugs Out Of Stock Drug Interaction Toxicity/Side Effects New Drug Available Inactive Poor Adherence pregnancy new TB treatment
 1986 completed PEP treatment failure Lack of finances Planned treatment interruption Completed total PMTCT Patient decision Other 1576
 6127 Antiretroviral Use Not On ART On ART (if on ART tick the appropriate ART REGIMEN below) 6125, 6126, 6127
 2504 1st Line: 2501 6126 6264 6125 6123 2nd Line: 6117 3rd Line:
 2292 TDF+3TC+EFV TDF+3TC+NVP TDF+3TC+DTG TDF+3TC+LPV/r TDF+3TC+ATV/r TDF+3TC+RAL-6201
 6120 AZT+3TC+EFV AZT+3TC+NVP AZT+3TC+DTG ABC+3TC+LPV/r ABC+3TC+ATV/r TDF+3TC+DRV/r-6219
 2502 ABC+3TC+EFV ABC+3TC+NVP ABC+3TC+DTG AZT+3TC+LPV/r AZT+3TC+ATV/r RAL+3TC+SQV/r-6156
 TDF+FTC+EFV TDF+FTC+NVP 2509 TDF+ABC+LPV/r Other 1362 RAL+3TC+DRV/r-6224
 2291-6119 2503 6267 6266 2507 2510 6141 6118 ETR+DTG+DRV/r-6269
 2434 ARV Drugs given, Dose/Freq, Duration (days) and amounts supplied 2431/2432

Regimen	Dose/Freq	Duration (days)	Supplied	Regime	Dose/Freq	Duration (Days)	Supplied
<input type="checkbox"/> TLE (Atripla)	2431	30 60 Other		<input type="checkbox"/> Abacavir (ABC)	814	30 60 Other	
<input type="checkbox"/> TLD (TDF+3TC+DTG)		30 60 Other		<input type="checkbox"/> Zidovudine (AZT)	797	30 60 Other	
<input type="checkbox"/> ABC+3TC		30 60 Other		<input type="checkbox"/> Nevirapine (NVP)	631	30 60 Other	
<input type="checkbox"/> Combivir (AZT+3TC)		30 60 Other		<input type="checkbox"/> Efavirenz (EFV)	633	30 60 Other	
<input type="checkbox"/> Combipack (AZT+3TC+NVP)		30 60 Other		<input type="checkbox"/> Lamivudine (3TC)	628	30 60 Other	
<input type="checkbox"/> Truvada (TDF+3TC)		30 60 Other		<input type="checkbox"/> Dolutegravir (DTG)	6263	30 60 Other	
<input type="checkbox"/> LPV/r (Alluvia)		30 60 Other		<input type="checkbox"/> Saquinavir (SQV)	6154	30 60 Other	
<input type="checkbox"/> ATV/r	6143	30 60 Other		<input type="checkbox"/> Raltegravir (RAL)	6155	30 60 Other	
<input type="checkbox"/> Ritonavir (r) or (RTV)		30 60 Other		<input type="checkbox"/> Darunavir (DRV)	6218	30 60 Other	
<input type="checkbox"/> Atazanavir		30 60 Other		<input type="checkbox"/> Etravirine (ETR)	6268	30 60 Other	

 2516 Prophylaxis Drugs: None Cotrimoxazole (Septrin) Fluconazole (Diflucan) Dapsone Other 1107, 916, 747, 91, 1362, 2516

Drug	Dose/Freq	Duration (Days)	Amount Supplied	Drug	Dose/Freq	Duration (Days)	Amount Supplied
<input type="checkbox"/> Fluconazole (Diflucan)	2440/2444	2441	2450	<input type="checkbox"/> Dapsone	92	2440/2441	2441 2450
<input type="checkbox"/> Cotrimoxazole (Septrin)							

 Additional Drugs Ordered: 2445 2458, 2447, 2448, 2449, 2450

Drug	Dose	Frequency	Duration	Amount Supplied
				2458, 2447, 2448, 2449, 2450

 1665 REFERRAL / LINKAGE: None (1665) Reason for referral: 1666
 Internal: Wards MCH TB clinic Other (specify) 1664
 External: Adherence / support groups CBOs Other Care; (where) 1669 1065 1066
 6259 DSDM Category 6258 DSDM Approach 6252 Transferred Out (1794) (1796)
 Stable 6269 Unstable FBIM FBGs FTDR CCLAD CDDP Yes No if yes Where
 Return Date: 6253 6254 6255 6256 6257
 Patient Seen By: 2563, 1466 Dispenser by: 1658, 2609, 1466

1354