

Section C: Clinical information

Date of HIV diagnosis

In the past 24 months was the patient diagnosed with TB? Yes No

If yes, date TB treatment started TB treatment end date

Drug resistant TB Drug sensitive TB Unknown

Has the patient been diagnosed with TB Meningitis? Yes No

Does the patient have an active psychiatric disease? Yes No

If yes, with depression? Yes No

Cryptococcal Meningitis? Yes No

Has the patient diagnosed or tested for chronic renal disease? Yes No

If patient is between 15-19 years a urine dipstick is required Normal Abnormal Proteinuria Yes No

Previous ART (excluding PMTCT)? Yes No

Previous ART for PMTCT? Yes No

Currently on ART? Yes No

Is this a test and treat enrolment? Yes No

Allergies: _____

OTHER CHRONIC CONDITION(S)	CHRONIC MEDICATION REGISTRATION	YES	NO	GEMS DMP ENROLMENT	YES	NO

WHO Stage: 1 2 3 4

SYMPTOMS EXPERIENCED BY PATIENT OVER PAST SIX MONTHS

WHO CLINICAL STAGE 3 SYMPTOMS	WHO CLINICAL STAGE 4 SYMPTOMS
Unexplained severe weight loss (>10% of body weight)	HIV wasting syndrome
Unexplained chronic diarrhoea > one month	Pneumocystis pneumonia
Unexplained persistent fever > one month	Recurrent severe bacterial pneumonia
Persistent oral candidiasis	Chronic herpes simplex infection (orolabial, genital or anorectal of more than one month's duration or visceral at any site)
Oral hairy leukoplakia	Oesophageal candidiasis (or candidiasis of trachea, bronchi or lungs)
Pulmonary tuberculosis	Extrapulmonary tuberculosis
Severe bacterial infections (e.g. pneumonia)	Kaposi's sarcoma
Acute necrotizing ulcerative stomatitis, gingivitis or periodontitis	Cytomegalovirus infection (retinitis or infection of other organs)
Unexplained anaemia, neutropaenia, chronic thrombocytopenia	Central nervous system toxoplasmosis
Clinical Stage 3 – Paediatric	HIV encephalopathy
Unexplained moderate malnutrition	Extrapulmonary cryptococcosis including meningitis
Unexplained persistent diarrhoea (14 days or more)	Disseminated non-tuberculous mycobacteria infection
Persistent fever > one month	Progressive multifocal leucoencephalopathy
Persistent oral candidiasis (after first six weeks of life)	Chronic cryptosporidiosis
Acute necrotizing ulcerative gingivitis or periodontitis	Chronic isosporiasis
Lymph node tuberculosis	Disseminated mycosis (extrapulmonary histoplasmosis, coccidiomycosis)
Weakness, numbness or paraesthesia in hands or feet	Recurrent septicaemia (including non-typhoidal salmonella)

PMTCT

Estimated date of delivery

PEP

Date of incident

Type of exposure Sexual exposure Blood exposure

PrEP

Reason* Discordant couple MSM (men who have sex with men) Anal or unprotected vaginal sex in the past 6 months
 Sexual partner who is HIV positive Inconsistent use of condoms Diagnosed with a STD in the past 6 months
 IDU (intravenous drug user) Shares needles, syringes and/or other injection equipment Multiple courses of PEP
 Confirmation of HIV-positive partner reviewed by practitioner Yes No
 Is HIV-positive partner on GEMS? Yes No Membership no.

Section D: Measurements and pathology

Weight kg
 Height cm

LATEST HIV PATHOLOGY RESULTS (COMPLETE OR ATTACH RESULTS)

TEST	DATE								RESULT
CD4 cell count*	Y	Y	Y	Y	M	M	D	D	/mm3
CD4 % (child <12 years)	Y	Y	Y	Y	M	M	D	D	%
VL*	Y	Y	Y	Y	M	M	D	D	copies/ml

OTHER RESULTS

TEST	DATE								RESULT	
RPR	Y	Y	Y	Y	M	M	D	D	Pos:	Neg:
Hep B sAg	Y	Y	Y	Y	M	M	D	D	Pos:	Neg:
Hb	Y	Y	Y	Y	M	M	D	D	g/dl	
Creatinine*	Y	Y	Y	Y	M	M	D	D	mMol/l	
eGFR*	Y	Y	Y	Y	M	M	D	D		
TB sputum	Y	Y	Y	Y	M	M	D	D	Pos:	Neg:
PAP smear	Y	Y	Y	Y	M	M	D	D		
ALT	Y	Y	Y	Y	M	M	D	D		
U&E – Pt on tenofovir	Y	Y	Y	Y	M	M	D	D		
LFT – Pt on nevirapine	Y	Y	Y	Y	M	M	D	D		
FBC – Pt on zidovudine	Y	Y	Y	Y	M	M	D	D		

Section E: ART information

PREVIOUS ANTI-RETROVIRAL THERAPY (ART) AND HIV-RELATED PROPHYLAXIS

MEDICINE	DOSE	DATE COMMENCED				DATE STOPPED				REASON STOPPED/ SIDE-EFFECTS								
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	

CURRENT ART, PROPHYLAXIS AND CHRONIC MEDICINE

MEDICINE	DOSE	DATE COMMENCED								DATE STOPPED								REASON STOPPED/ SIDE-EFFECTS
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	

Keep current ARTs? Yes No If no, indicate new ARTs on the following page.

NEW ART, PROPHYLAXIS AND CHRONIC MEDICINE

MEDICINE	DOSE	DATE COMMENCED								DATE STOPPED								REASON STOPPED/ SIDE-EFFECTS
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	

PMTCT: ART FOR BABY, PROPHYLAXIS AND CHRONIC MEDICINE

MEDICINE	DOSE	DATE COMMENCED								DATE STOPPED								REASON STOPPED/ SIDE-EFFECTS
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	
		Y	Y	Y	Y	M	M	D	D	Y	Y	Y	Y	M	M	D	D	

PLEASE NOTE: Include a prescription for the medicine recommended for treatment.

ATTACHMENTS: Copies of the following must be attached to this application.

Confirmation of HIV status (ELISA) CD/Viral load result/Hb/ALT/CREATININE Prescription for medicine recommended

- I certify that the above particulars are to the best of my knowledge accurate.
- I confirm that I have disclosed the results to the member and have given the required counselling including the importance of adhering to the treatment plan, which includes regular follow-ups and medicine compliance.
- I hereby authorise GEMS to process and submit a claim for payment under tariff code 0199 on my behalf, as reimbursement for completing this registration form. I confirm that I will not submit a separate claim. NB: Tariff code 0199 will only be paid for first time completion of the registration form.

Doctor's signature _____

Date

D	D	M	M	Y	Y	Y	Y
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*These fields are required to complete the enrolment on the HIV/AIDS DMP.

Please fax the completed form to **0800 436 7329** or email to **hiv@gems.gov.za**