FORM 5: ADULT INITIATION/CHANGE OF TREATMENT

(Form filled in by Clinician)

South African ID Number: | | | | | | | | | | | | | | **Clinician:** | | | **Treatment Start Date:** d d / m m / y y y y

ARV Treatment: ○ First Dose of Treatment ○ Regimen Change ○ Drug Substitution *(If Drug Substitution answer Section B)*

A. DRUG REGIMENS

1. Is the patient a shift worker? ○ Yes ○ No

2. Please indicate which Regimen the patient is to start treatment on:

Regimen	Drug	Dose	Duration	Signature	Comments
○ 1a	Lamivudine (3TC)	150mg/bd			
	Stavudine (D4T)				
	Efavirenz (EFV)	600mg/nocte			

Regimen	Drug	Dose	Duration	Signature	Comments
○ 1b	Lamivudine (3TC)				
	Stavudine (D4T)				
	Nevirapine (NVP)				

Regimen	Drug	Dose	Duration	Signature	Comments
○ 2	Didanosine (ddl)				
	Zidovudine (AZT)	300mg/bd			
	Lopinavir/Rotonavir (LPV/r)				

B. DRUG SUBSTITUTION *(List all the drugs in the modified regimen)*

Drug	Dose	Duration	Signature	Comments

Comments:

C. ARV DOSAGE TIMES

What time has the patient decided to take their ARVs:

In the Morning: h h : m m *(24 hrs - eg. 07:30)*

In the Evening: h h : m m *(24 hrs - eg. 19:30)*