

Birth Registration/SAID Number		PAEDIATRIC VISIT SUMMARY FORM					 	
Hospital File Number		KwaZulu Natal Department of Health						
Treatment Start Date		Comprehensive Care Programme						
Date of Visit		/ /	/ /	/ /	/ /	/ /		
Age								
WHO Staging								
Height (cm)								
% Expected Height								
Weight (kgs)								
% Expected Weight								
Head Circumference (cm)								
BSA								
Development (Normal/Static/Regressive)		N / S / R	N / S / R	N / S / R	N / S / R	N / S / R		
TB Symptoms (Tick=Yes)								
Months on TB Treatment								
Problems since last visit	1							
	2							
	3							
	4							
Bloods Taken (X=No; Tick=Yes)								
Blood Results	CD4%							
	Viral Load							
	Hb							
	Lymphocyte							
	Plts							
	ALT							
	Glucose							
	Triglycerides							
Other Tests	Cholestrol							
	Test Type							
	Result							
Treatment Regimen								
Months on Regimen								
Change in Treatment Regimen								
No. of Missed Doses								
Adverse Events/Side Effects	Event / Grade							
	Event / Grade							
	Event / Grade							
Non-ART Medication	MVTs / Vit A / Worm							
	Bactrim							
	Fluconazole							
Referrals (Tick=Yes)	Social Work							
	Counselling							
	Other (specify)							
Social	Change in Address							
	Change in Caregiver							
	Grants							
Action								
Comments								
Captured By								