SA ID Number

Hospital File Number

ADULT VISIT SUMMARY FORM

KwaZulu Natal Department of Health
Comprehensive Care Programme

Visit Date		/ /	/ /	/ /	/ /	/ /
Scheduled (X=No; Tick=Yes)						
Date of Next Visit		/ /	/ /	/ /	/ /	/ /
WHO Staging						
WHO Performance						
Height (metres)						
Weight (kgs)						
BMI						
Temperature						
Blood Pressure (systolic/diastolic)		/	/	/	/	/
Bloods Taken (X=No; Tick=Yes)						
Blood Results	CD4 Count					
	Viral Load					
	Hb					
	WCC					
	Plts					
	ALT					
	GGT					
	Alk Phos					
	Cholestrol					
Other Tests	Test Type					
	Result					
Treatment Regimen						
Months on Treatment						
Months on Regimen						
Substitutions						
Opportunistic Infections	1					
	2					
	3					
	4					
Adverse Events/ Side Effects	Event / Grade					
	Event / Grade					
	Event / Grade					
	Event / Grade					
Change in Treatment Regimen						
OI Prophy-laxis	Cotrimoxazole					
	Fluconazole					
No. of Missed Doses		In / Out	In / Out	In / Out	In / Out	In / Out
TB Symptoms (Tick=Yes)						
Months on TB Treatment						
Referrals (Tick=Yes)	Social Work					
	Counselling					
	TB Clinic					
	Inpatient/Hospital					
	Antenatal					
	Dietician					
	Specialist Clinic					
	Other *(specify)*					
Action						
Comments						
Captured By						