



PAN CARIBBEAN PARTNERSHIP



AGAINST HIV/AIDS

# PAHO



Pan American  
Health  
Organization



World Health  
Organization  
REGIONAL OFFICE FOR THE  
Americas

PAN CARIBBEAN PARTNERSHIP AGAINST HIV AND AIDS (PANCAP)  
PAN AMERICAN HEALTH ORGANISATION (PAHO)

## PANCAP-PAHO PrEP KNOWLEDGE SUITE



## Clinic Follow-Up Form

**Patient Name:** \_\_\_\_\_ **PrEP #:** \_\_\_\_\_

Is this a scheduled/ follow-up visit?  Yes  No

If no, what is the reason for the unscheduled visit?

- Adverse Event  Suspected Acute Viral Infection  Seroconversion confirmation  
 Prescription Refill  STI

### 1. PHYSICAL EXAMINATION

Oriented in T/P/P:  Yes  No

Appropriate mood/affect:  Yes  No

Weight (kg).....

Blood Pressure.....

Pulse.....

Temperature.....

Respiratory Rate.....

#### Clinical Review

| STI symptoms             | Check which is appropriate | Acute HIV infection | Check which is appropriate |
|--------------------------|----------------------------|---------------------|----------------------------|
| Blisters on vagina/penis |                            | Fever               |                            |
| Blisters on anus         |                            | Lymphadenopathy     |                            |
| Penile/vaginal discharge |                            | Mouth sores/ulcers  |                            |
| Anal discharge           |                            | Myalgia             |                            |
| Rectal bleeding          |                            | Rash                |                            |
| Dysuria                  |                            | Sore throat         |                            |

#### Medication Side effects

| Side-effects of medication | Check which is appropriate |
|----------------------------|----------------------------|
| Nausea/vomiting            |                            |
| Bloating                   |                            |
| Abdominal pain             |                            |
| Dizziness                  |                            |
| Insomnia                   |                            |
|                            |                            |

Other medication side-effects: \_\_\_\_\_

Physical Exam findings and conclusion: \_\_\_\_\_

2. RISK ASSESSMENT

**A. Drug and Alcohol Use**

Do you use drugs or alcohol?  Yes  No

How many times per week do you use either drugs or alcohol? \_\_\_\_\_

**B. Risk assessment for HIV infection**

In the past 3 months how many people did you have vaginal or anal sex with?

|                            |                            |                              |                              |                                |                              |       |
|----------------------------|----------------------------|------------------------------|------------------------------|--------------------------------|------------------------------|-------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2-4 | <input type="checkbox"/> 5-9 | <input type="checkbox"/> 10-20 | <input type="checkbox"/> >21 | men   |
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2-4 | <input type="checkbox"/> 5-9 | <input type="checkbox"/> 10-20 | <input type="checkbox"/> >21 | women |

Current number of partners: .....

Condom use with regular partner:  Always  Often  Sometimes  Rarely  Never

Condom use with casual partner(s):  Always  Often  Sometimes  Rarely  Never

Condom use changed since starting PrEP?

In the past three months, Have you shared needles or syringes?

HIV positive partner or partner with any risk factor for HIV infection? (i.e. inconsistent use of condoms, STI clinical history, shared needles or syringes)

3. ADHERENCE MONITORING

**Medication Adherence**

In the past 30 days, approximately how many tablets did you miss? .....

Approximate number tablets missed prior to last 30 days? .....

What was main reason for missing?  Forgot  Travel/away from home  Ran out of tablets  Adverse effects  Other

#### 4. LABORATORY TESTING AND RESULTS

| A. Follow-up clinical test  |                      |        |            |                      |        |
|---|----------------------|--------|------------|----------------------|--------|
|   | Tick if sample taken | Result |            | Tick if sample taken | Result |
| Rapid HIV   |                      |        | Syphilis   |                      |        |
| Confirmatory HIV (if Rapid HIV test is positive)                        |                      |        | Chlamydia  |                      |        |
| U&Es/LFTs   |                      |        | Gonorrhoea |                      |        |
| Hepatitis B   |                      |        |            |                      |        |
| Hepatitis C   |                      |        |            |                      |        |
| Creatinine Clearance  |                      |        |            |                      |        |
| <b>Estimated Creatinine Clearance (eCrCl) (Cockcroft-Gault method):</b> |                      |        |            |                      |        |

#### Cockcroft-Gault Formula for Estimating Creatinine Clearance

$$\text{CrCl (mL/min)} = \frac{(140 - \text{age}) \times \text{Lean Body Weight (kg)}}{\text{Serum Creatinine (mg/dL)} \times 72} \quad (\times 0.85 \text{ if female})$$

#### 5. MANAGEMENT PLAN

| PLAN  |
|---|
| <p><b>Should or will the patient continue using PrEP?</b> <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, due to reactive HIV test    <input type="checkbox"/> No, due to other abnormal test results    <input type="checkbox"/> No, due to poor adherence    <input type="checkbox"/> No, due to adverse events    <input type="checkbox"/> No, due to user decision</p> <p><input type="checkbox"/> Other:</p> <p>Prescription &amp; Follow-up:</p> |
| <p>Address side-effects and provide brief adherence counselling at <b>every visit</b>. Consider calculating eCrCl more frequently than q6 months if history of conditions affecting the kidney, ex. diabetes or hypertension; less frequently if age &lt;45, baseline eCrCl &gt; 90 ml/min, and weight more than 55 kg.</p> <p>Counsel on condom use, STI symptoms, mental health, intimate partner violence and substance use.</p>                                     |

**Additional Notes:**

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Healthcare provider: (Name) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_