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

<table>
<thead>
<tr>
<th>STI symptoms</th>
<th>Check which is appropriate</th>
<th>Acute HIV infection</th>
<th>Check which is appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blisters on vagina/penis</td>
<td></td>
<td>Fever</td>
<td></td>
</tr>
<tr>
<td>Blisters on anus</td>
<td></td>
<td>Lymphadenopathy</td>
<td></td>
</tr>
<tr>
<td>Penile/vaginal discharge</td>
<td></td>
<td>Mouth sores/ulcers</td>
<td></td>
</tr>
<tr>
<td>Anal discharge</td>
<td></td>
<td>Myalgia</td>
<td></td>
</tr>
<tr>
<td>Rectal bleeding</td>
<td></td>
<td>Rash</td>
<td></td>
</tr>
<tr>
<td>Dysuria</td>
<td></td>
<td>Sore throat</td>
<td></td>
</tr>
</tbody>
</table>

Medication Side effects

<table>
<thead>
<tr>
<th>Side-effects of medication</th>
<th>Check which is appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea/vomiting</td>
<td></td>
</tr>
<tr>
<td>Bloating</td>
<td></td>
</tr>
<tr>
<td>Abdominal pain</td>
<td></td>
</tr>
<tr>
<td>Dizziness</td>
<td></td>
</tr>
<tr>
<td>Insomnia</td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Number of Partners</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2-4</td>
<td>2-4</td>
<td>2-4</td>
</tr>
<tr>
<td>5-9</td>
<td>5-9</td>
<td>5-9</td>
</tr>
<tr>
<td>10-20</td>
<td>10-20</td>
<td>10-20</td>
</tr>
<tr>
<td>&gt;21</td>
<td>&gt;21</td>
<td>&gt;21</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Test</th>
<th>Tick if sample taken</th>
<th>Result</th>
<th>Tick if sample taken</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapid HIV</td>
<td></td>
<td>Syphilis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirmatory HIV (if Rapid HIV test is positive)</td>
<td></td>
<td>Chlamydia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U&amp;Es/LFTs</td>
<td></td>
<td>Gonorrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis C</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creatinine Clearance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Estimated Creatinine Clearance (eCrCl) (Cockcroft-Gault method):

Cockcroft-Gault Formula for Estimating Creatinine Clearance:

\[
CrCl (mL/min) = \frac{(140 - \text{age}) \times \text{lean body weight (kg)}}{\text{serum creatinine (mg/dL) \times 72}} \times 0.85 \text{ (if female)}
\]

5. MANAGEMENT PLAN

PLAN

Should or will the patient continue using PrEP? □ Yes
□ No, due to reactive HIV test    □ No, due to other abnormal test results    □ No, due to poor adherence    □ No, due to adverse events    □ No, due to user decision
□ Other:

Prescription & Follow-up:

Address side-effects and provide brief adherence counselling at every visit. Consider calculating eCrCl more frequently than q6 months if history of conditions affecting the kidney, ex. diabetes or hypertension; less frequently if age <45, baseline eCrCl > 90 ml/min, and weight more than 55 kg.

Counsel on condom use, STI symptoms, mental health, intimate partner violence and substance use.