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Adult Follow up

0860 10 11 10

DOCTOR to complete if details have changed

Surname	
Initials and First Name	
Practice Number	
Physical Address	
Postal code	
Fax	() Is this fax facility confidential? Y N
Telephone Numbers	(W) (Cell)

To be completed by the PATIENT

Name	
Surname	
ID Number	
Date of Diagnosis	
Male/Female	
Home Language	
Telephone Number	Confidential? Yes No
Mobile / Cell Number	Confidential? Yes No
Other contact number	
Physical Address	
Medication delivery address	
Medical Aid Name	
Medical Aid Number	
Do you have a fridge at home?	Yes No

Adult Follow up Visit

Date:

	Yes	No
Are you currently taking medication for TB?		
Have you previously taken medication for TB?		
Do you have a cough (of greater than 2 weeks duration)?		
Do you get soaking wet with sweat at night even when it is not hot?		
Do you experience pain, tingling and / or pins-and-needles feeling in the hands or feet?		
Have you been hospitalised in the last year? If Yes, what for?		

Please supply results of recent tests on file.

Pathology Tests	Result	Date
CD4		
Viral Load (on ART)		
Hb		
ALT		

Medication Changes

Category	Drug Name	Start (mm/yy)	End (mm/yy)	Reason for stopping
ART				
ART				
ART				
Other				
Other				
Other				

EXAMINATION

Date:

Age	
Weight (Kg)	
Weight lost in the last year?	
Height (m)	
Temperature	
Pulse Rate	
Pregnant?	Yes No N/A
If yes, Estimated date of delivery?	EDD =
Other Clinical signs:	

Patient Name:.....

WHO Staging		Yes	No
Stage 1	Persistent Generalised Lymphadenopathy (PGL)		
	Other:		
Stage 2	Weight loss <10% body weight		
	Recurrent URTI		
	Uncomplicated Herpes zoster		
	Minor mucocutaneous conditions		
	Other:		
Stage 3	Weight loss >10% body weight		
	Oral Candidiasis		
	Oral Hairy Leukoplakia		
	Diarrhoea > 1 month		
	Severe bacterial infections incl. pneumonia		
	Prolonged fever		
	Bedridden <50% / day most of previous month		
	Pulmonary TB within the last year		
	Other:		
Stage 4	Extrapulmonary TB		
	Oesophageal Candidiasis		
	Herpes simplex lesion > 1 month		
	PCP		
	Kaposi's sarcoma		
	HIV encephalopathy		
	Recurrent pneumonia		
	Cytomegalovirus		
	Isosporiosis / Cryptosporidiosis		
	Bedridden > 50% / day most of previous month		
	Other:		

CDC Classification

CD4 cell Categories	A Asymptomatic, PGL or Acute HIV infection	B Symptomatic Not A or C	C AIDS Indicating conditions (1987)
>500/mm [>29%]	A1	B1	<i>C1</i>
200-499/mm [14-28%]	A2	B2	<i>C2</i>
<200/mm [<14%]	<i>A3</i>	<i>B3</i>	<i>C3/a</i>

Patient Name:.....