

Clinical Forms



PrEP Clinical form (Initiation)

First name		Folder #	
Surname		Phone #	
DOB dd / mm / yy	Gender: M / F / TG	Address	
ID Number			

Instructions: Please use the below form to capture initiation, continuation, discontinuation, and re-initiation for **ALL** PrEP methods: Oral PrEP (TDF/FTC), Dapivirine ring (DVR), and Cabotegravir (CAB). If a client discontinues PrEP, continue the record with the corresponding date of discontinuation (section B). Should a client re-start or switch to another PrEP method, record with the corresponding date and PrEP method (section A), and all subsequent visits will be captured on this same form (section B). Additional clinical notes can be captured further below.

SECTION A: PrEP Initiation/Re-Initiation or Change of PrEP method

Date of Visit	HIV Test Result	PrEP Counselling Conducted?	PrEP Baseline Assessments					PrEP method (select one):
			Weight (kg)	Pregnancy	Hepatitis B	STI Screening	Creatinine (eGFR/sCr)	
/ /	+/-	Y/N		+/-/NA		+/-		TDF/FTC: DVR: CAB
/ /	+/-	Y/N		+/-/NA		+/-		TDF/FTC: DVR: CAB
/ /	+/-	Y/N		+/-/NA		+/-		TDF/FTC: DVR: CAB
/ /	+/-	Y/N		+/-/NA		+/-		TDF/FTC: DVR: CAB
/ /	+/-	Y/N		+/-/NA		+/-		TDF/FTC: DVR: CAB
/ /	+/-	Y/N		+/-/NA		+/-		TDF/FTC: DVR: CAB
/ /	+/-	Y/N		+/-/NA		+/-		TDF/FTC: DVR: CAB

Original PrEP Initiation Date	/ /
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Transfer in:	
Date: / /	Clinic:

SECTION B: PrEP continuation, monitoring and discontinuation

# of months on PrEP	Next visit date:	Actual visit date:	PrEP Method (TDF/FTC, DVR, CAB)	Test results (if applicable)					Outcome (RIP, LTF, TFO, Sero, DNA, Disc)	Date of Outcome
				HIV Test	Weight (kg)	STI Screen	Pregnancy	Creatinine (eGFR/sCr)		
0	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
1	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
2	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
3	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
4	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
5	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
6	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
7	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
8	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
9	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
10	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
11	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
12	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
13	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
14	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	

Notes: Medical history/reason for discontinuation or change of PrEP method etc.



NB: Please affix any copies of additional notes or laboratory results that are necessary.

Clinical Forms



PrEP Clinical form (Continuation)

First name			
Surname			
DOB	dd / mm / yy	Gender:	M / F / TG
ID Number			

SECTION B: PrEP continuation, monitoring and discontinuation

Original PrEP Initiation Date	/ /	Transfer In:	Date
			/ /

# of months on PrEP	Next visit date:	Actual visit date:	PrEP Method (TDF/FTC, DVR, CAB)	Test results (if applicable)						
				HIV Test	Weight (kg)	STI Screen	Pregnancy	Creatinine (eGFR/sCr)	Outcome (RIP, LTF, TFO, Sero, DNA, Disc)	Date of Outcome
15	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /
16	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /
17	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /
18	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /
19	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /
20	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /
21	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /
22	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /
23	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /
24	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /
25	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /
26	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /
27	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /
28	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /
29	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /
30	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /
31	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /
32	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /
33	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /
34	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /
35	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /
36	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /
37	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /
38	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /
39	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /
40	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/- / NA			/ /

Notes: Medical history/reason for discontinuation or change of PrEP method

Clinical Forms



PrEP Clinical form

First name			
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DOB	dd / mm / yy	Gender:	M / F / TG
ID Number			

SECTION B: PrEP continuation, monitoring and discontinuation

Original PrEP Initiation Date	/ /	Transfer In:	Date
			/ /

# of months on PrEP	Next visit date:	Actual visit date:	PrEP Method (TDF/FTC, DVR, CAB)	Test results (if applicable)						
				HIV Test	Weight (kg)	STI Screen	Pregnancy	Creatinine (eGFR/sCr)	Outcome (RIP, LTF, TFO, Sero, DNA, Disc)	Date of Outcome
41	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /
42	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /
43	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /
44	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /
45	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /
46	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /
47	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /
48	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /
49	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /
50	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /
51	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /
52	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /
53	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /
54	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /
55	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /
56	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /
57	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /
58	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /
59	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /
60	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /
61	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /
62	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /
63	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /
64	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /
65	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /
66	/ /	/ /	TDF/FTC: DVR: CAB	+ / -		+ / -	+ / - / NA			/ /

Notes: Medical history/reason for discontinuation or change of PrEP method etc.