

NEW PATIENT REGISTRATION

Hospital No. _____ Date of Visit : ____ / ____ / ____

Surname : _____ First Name : _____

Date of birth : ____ / ____ / ____ Country of Birth : _____

Sex : Male Female Transman Transwoman Other (please specify): _____

Is this patient from another clinic? Yes No If Yes where from? _____

Stage 1 interviewer : _____ Is a stage 2 interview required : Yes No

Patients Address : _____

Postcode _____

Contact Numbers : Home _____ Mobile _____

Work _____ E-mail _____

Ethnic Group :

White Black African Black Caribbean Black Other (Please Specify) _____
Indian Pakistani Bangladeshi Other (Please Specify) _____

GP DETAILS :

NEXT OF KIN DETAILS :

Name : _____ Name : _____

Address : _____

Telephone : _____ Telephone: _____

Is GP aware of Diagnosis : Yes No
No Aware of Diagnosis : Yes

Can he/she be contacted? Yes No Patient signature : _____ Date : _____

Last centre of HIV/AIDS Care? (if applicable) :

UCL / Mortimer Mkt Kobler / C & W St Mary's St Thomas's
Bart's / Royal London Whittington King's Guy's
North Middlesex Barnet General Chase Farm Hammersmith
Blood Transfusion Service Other (specify) _____

Can last centre be contacted for past medical history? Yes No Hospital No. _____

Patient Signature : _____ Date : _____

CIRCUMSTANCES LEADING TO PRESENTATION

Date of first NEGATIVE antibody test : _____

Where was this test performed?

Royal Free SDTC	<input type="checkbox"/>	Royal Free Marlborough	<input type="checkbox"/>	Royal Free Antenatal	<input type="checkbox"/>		
UCL / Mortimer Mkt	<input type="checkbox"/>	Kobler / C & W	<input type="checkbox"/>	St Mary's	<input type="checkbox"/>	St Thomas's	<input type="checkbox"/>
Bart's / Royal London	<input type="checkbox"/>	Whittington	<input type="checkbox"/>	King's	<input type="checkbox"/>	Guy's	<input type="checkbox"/>
North Middlesex	<input type="checkbox"/>	Barnet General	<input type="checkbox"/>	Hammersmith	<input type="checkbox"/>	Chase Farm	<input type="checkbox"/>
Blood Transfusion Service	<input type="checkbox"/>	Other (specify) _____					

Date of last NEGATIVE antibody test : _____

Where was this test performed?

Royal Free SDTC	<input type="checkbox"/>	Royal Free Marlborough	<input type="checkbox"/>	Royal Free Antenatal	<input type="checkbox"/>		
UCL / Mortimer Mkt	<input type="checkbox"/>	Kobler / C & W	<input type="checkbox"/>	St Mary's	<input type="checkbox"/>	St Thomas's	<input type="checkbox"/>
Bart's / Royal London	<input type="checkbox"/>	Whittington	<input type="checkbox"/>	King's	<input type="checkbox"/>	Guy's	<input type="checkbox"/>
North Middlesex	<input type="checkbox"/>	Barnet General	<input type="checkbox"/>	Hammersmith	<input type="checkbox"/>	Chase Farm	<input type="checkbox"/>
Blood Transfusion Service	<input type="checkbox"/>	Other (specify) _____					

Date of first POSITIVE antibody test : _____

Where was this test performed?

Royal Free SDTC	<input type="checkbox"/>	Royal Free Marlborough	<input type="checkbox"/>	Royal Free Antenatal	<input type="checkbox"/>		
UCL / Mortimer Mkt	<input type="checkbox"/>	Kobler / C & W	<input type="checkbox"/>	St Mary's	<input type="checkbox"/>	St Thomas's	<input type="checkbox"/>
Bart's / Royal London	<input type="checkbox"/>	Whittington	<input type="checkbox"/>	King's	<input type="checkbox"/>	Guy's	<input type="checkbox"/>
North Middlesex	<input type="checkbox"/>	Barnet General	<input type="checkbox"/>	Hammersmith	<input type="checkbox"/>	Chase Farm	<input type="checkbox"/>
Blood Transfusion Service	<input type="checkbox"/>	Other (specify) _____					

Reason for test :Symptoms Known positive partner Risky Behaviour Antenatal Blood Donor Insurance/Visa Screen Confirmation of known positive

Other (specify) : _____

Probable Route of InfectionPatient presumed infected in the UK? Yes No Not Known

If No or Not known in which countries? _____

Sexual relations between men Yes No Does this patient believe themselves to be infected through oral sex only? Yes No

Sexual relations between men and women

Has this patient had sex with - Bisexual male Yes No Not Known
- Injecting Drug user Yes No Not Known
Partner presumed heterosexually infected Yes No Not Known

If Yes partners likely country(ies) of infection _____

Injecting Drug Use (sharing)

Year first injected _____ Year last injected _____

Does the patient have protected sex (condoms) : Always Sometimes Never

Patient defined Sexual Orientation?

Homosexual Heterosexual Bisexual Other : _____

Marital Status

Single Married Reg. Cohabitator Male Reg. Cohabitator Female
Widower Partner died Separated / Divorced

Does patient have a partner currently ? Yes No

If YES is partner Male Female

Is partner HIV positive ? Yes No First name _____

If Yes does partner have AIDS ? Yes No Unknown

Does patient have any children ? Yes No

If YES how many children ? 1 2 3 4 or more

Are any HIV positive ? Yes No

If YES where are they being treated ? _____

Comments e.g. Housing, Employment, Methods of contraception etc

Current History

General

Cardiovascular

Skin

Chest

Mouth

Abdomen

Lymph nodes

Neurological /Fundi

CLINICAL STAGE

Asymptomatic

Symptomatic

AIDS

SUMMARY OF CASE

1.

2.

3.

4.

5.

6.

Letter to GP? Yes

No

Next Visit _____ Weeks

Doctor's Name

: _____

Referrals :

Post

: _____

Hepatitis Clinic

Womens Clinic

Contact blp/ext.:

Lipid Clinic