

treatment passport

Why keep a treatment history?

Keeping a short record of your treatment history can help in many ways.

- It can help you understand your health and treatment.
- It can help if your doctor changes at your clinic.
- It can help if you speak to other healthcare workers or to a treatment phonenumber for advice.
- It can help if you ever change hospitals or clinics. Or if you want a second opinion, when on holiday or abroad. Or if you move to another country.

Any treatment choice in the future is closely linked to your previous treatment history.

This history includes results from CD4, viral load and resistance tests. It also includes the drugs you have used and your reasons for changing them. As treatment improves you could need this record for 20 years or more - and whether new drug work may depend on previous treatment.

This record is important if you change clinic. You should ask for your medical records to be forwarded, but this does not always happen. Make sure that you have a record of your GUM or clinic number.

This book will be useful in all these situations. Please bring it when you visit your clinic.

Your doctor can provide you with details to help fill in this book but it does not replace your medical notes. All patients have the right to see their medical records and to make photocopies from them.

i-Base can provide additional books or pages if you need them - please call 020 8616 2210.

Name: _____

Date of birth: _____

Known allergies ie penicillin, Septrin etc - see also page 14.

Allergies: _____

Current hospitals or clinics

Name _____

Patient no. _____

Phone no. _____

Name _____

Patient no. _____

Phone no. _____

Name _____

Patient no. _____

Phone no. _____

Other useful phone numbers or email addresses:

Pharmacy _____

GP _____

i-Base treatment information phonenumber:

i-Base run a confidential free treatment information phonenumber on Monday, Tuesday and Wednesday from 12-4pm:

0808 800 6013

If found please return to: _____

OR post to the confidential i-Base return service:

i-Base, 107 The Maltings, 169 Tower Bridge Rd, London SE1 3LJ

Hospitals and clinics

Keep a record of the hospitals and clinics where you have been treated. This can include specialist clinics as well as your main hospital.

Date of diagnosis: _____

Date of seroconversion: (if known) _____

Hospital name	Main doctors seen	Dates
		First seen: Left:
<i>Contact details:</i>		
		First seen: Left:
<i>Contact details:</i>		
		First seen: Left:
<i>Contact details:</i>		

Hospital name	Main doctors seen	Dates
		First seen: Left:
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<i>Contact details:</i>		
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<i>Contact details:</i>		
		First seen: Left:
<i>Contact details:</i>		
		First seen: Left:
<i>Contact details:</i>		

CD4 and viral load

The CD4 and viral load are the main blood tests to monitor your health and your response to treatment.

CD4 count - This blood test checks your immune system

CD4% - This is similar to the CD4 count but is often more stable

Viral load - This test measures the amount of HIV in a sample of blood. It is used to decide when you need to start treatment, and whether the treatment is working effectively.

In your previous history, even rough figures are useful. Your doctor can provide these. The lowest ever CD4 count and highest ever viral load and results are the most important. This is from when you were first diagnosed and before you start, stop or changed treatment.

Date (month / year)	CD4 (cells/mm ³)	CD4%	Viral load
<i>e.g july 04</i>	<i>234</i>	<i>14</i>	<i>80,000</i>

Date (month / year)	CD4 (cells/mm3)	CD4%	Viral load

Date (month / year)	CD4 (cells/mm3)	CD4%	Viral load

Other tests

Keep a record of resistance and other tests. Note that resistance test results are very detailed and complicated - but also very important in deciding treatment.

Ask for a full copy of these results and keep them safely.

Date (month/year)	Test name	Main results
<i>e.g July 2014</i>	<i>genotype</i>	<i>3TC resistance (M184V)</i>

Antiretroviral treatment history

Your choice of new and future drugs will depend on the drugs you have used in the past. It also depends on the reason you stopped using them. This is mainly because of resistance and side effects. If you don't have exact details, even rough dates are useful (ie taking efavirenz for 3 months in 2014).

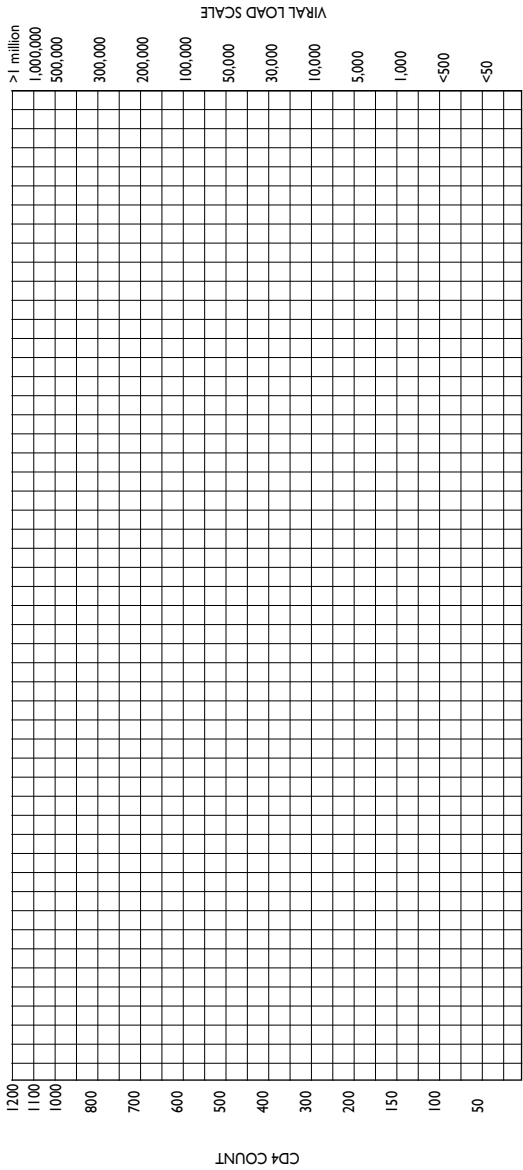
A list of drug names is included on page 19.

Drugs & combination details (name +dose)	Date started	Date stopped	Reason
e.g efavirenz 600mg	Feb 2014	May 2014	bad sleep and dreams

Drugs & combination details (name +dose)	Date started	Date stopped	Reason

Drugs & combination details (name +dose)	Date started	Date stopped	Reason

Some people like to plot results on a graph - use one colour for viral load and another for CD4. Note that the scales are not constant at highest and lowest ranges.



DATE (month / year) →

Side effect and allergies

Please list main side effects or drug-related allergies.

Side effect or symptom	Suspected drug	Date started/ stopped

Other infections and illnesses

A record of other infections (eg TB) or HIV-related illnesses (CMV, PCP, shingles etc) is important.

Illness or infection	Treatment + dose	Dates

Hepatitis

Co-infection with hepatitis A, B or C can make treating HIV more complicated. Your hospital should test you for these when you are first diagnosed, and offer you vaccinations against hepatitis A and B if you are not already protected (see page 16). You should be tested every year for hepatitis C.

Hepatitis genotype	Test date	Treatment if any + dates

Immunisation record

A record of vaccination and immunisation (hepatitis A and B, pneumovax, flu, tetanus and holiday vaccinations etc) can also help.

HIV positive people usually require 'non-live' vaccinations. You may have to ask for these specially.

Vaccination or immunisation	Date

Trials and studies

Include a record of any studies or trial medications that you have used.

Study name and treatment received	Dates

Names of commonly used meds

Most drugs are known by several names including a chemical name, a brand name and an abbreviated name.

The most common names for drugs available when this booklet was printed are listed below with space to add new drugs as they are approved.

Chemical	Trade	Abb.
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Integrase Inhibitors: (INIs or INSTIs)

dolutegravir	Tivicay	DOL
elvitegravir	Vitetta	EVG
raltegravir	Isentress	RAL

NNRTIs: ('non-nukes')

efavirenz	Sustiva	EFV
nevirapine	Viramune	NVP
etravirine	Intelence	ETR
rilpivirine	Edurant	RPV

NRTIs: ('nukes') and dual-nukes

Kivexa (ABC+3TC)		KVX
Truvada (TDF+FTC)		TVD
Descovy (TAF+FTC)		F/TAF
emtricitabine	Emtriva	FTC
lamivudine	Epivir	3TC
abacavir	Ziagen	ABC
tenofovir DF	Viread	TDF
tenofovir AF	–	TAF

Protease Inhibitors: (PIs)

atazanavir	Reyataz	ATZ
darunavir	Prezista	DRV
tipranavir	Aptivus	TPV

Entry Inhibitors:

enfuvirtide	Fuzeon	T-20
maraviroc	Celsentri	MVC

Chemical	Trade	Abb.
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Fixed Dose Combinations (FDCs)

Atripla (EFV+TDF+FTC)		
Eviplera (RPV+TDF+FTC)		
Genvoya (EVG/c+FTC+TAF)		
Odefsey (RPV+TAF+FTC)		
Stribild (EVG/c + FTC+TDF)		
Triumeq (DOL+ABC+3TC)		
Trizivir (AZT+3TC+ABC)		

Booster drugs (/r or /c)

ritonavir	Norvir	RTV or /r
cobicistat	–	COB or /c

Booster dual formulations (/r or /c)

Evotaz (atazanavir/c)		
Rezolsta (darunavir/c)		
Kaletra (lopinavir/r)		

Drugs for related infections:

Septtrin	cotrimoxazole	
Acyclovir	Zovirax	
foscarnet	Foscavir	
interferon	various	INF
ribavirin	various	RBV



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