## **NEW PATIENT REGISTRATION** Date of Visit: \_\_\_\_/ Hospital No. Surname: First Name: \_\_\_\_\_/ \_\_\_\_\_/ \_\_\_\_\_ Country of Birth : \_\_\_ Sex: Male Female Transman Transwoman Other (please specify): Is this patient from another clinic? Yes \( \scale= \) No \( \scale= \) If Yes where from? Is a stage 2 interview required : Yes Stage I interviewer: Patients Address: Postcode \_\_\_\_\_ Contact Numbers: Home Mobile Work E-mail \_\_\_\_\_ Ethnic Group: White Black African Black Other (Please Specify) Black Caribbean Other (Please Specify) **Pakistani** Bangladeshi Indian **GP DETAILS: NEXT OF KIN DETAILS:** Name: Address: Telephone: Telephone: Yes Yes No Is GP aware of Diagnosis: Aware of Diagnosis: No | 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) Yes No Hospital No. Can last centre be contacted for past medical history?

Patient Signature :

Date:

CIRCUMSTANCES LEADING TO F	RESENTATION				
Date of first NEGATIVE antibo	dy test :				
Where was this test performed	1?				
Royal Free SDTC	Royal Free Marlborough		Royal Free Antenatal		
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		Hammersmith		Chase Farm
Blood Transfusion Service	Other (specify)				
Date of last NEGATIVE antiboo	ly test :				
Where was this test performed	1?				
Royal Free SDTC	Royal Free Marlborough		Royal Free Antenatal		
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		Hammersmith		Chase Farm
Blood Transfusion Service	Other (specify)				
Date of first POSITIVE antibody	y test :				
Where was this test performed	1?				
Royal Free SDTC	Royal Free Marlborough		Royal Free Antenatal		
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		Hammersmith		Chase Farm
Blood Transfusion Service	Other (specify)				
Reason for test:					
Symptoms	positive partner	Ris	ky Behaviour	Ar	ntenatal
Blood Donor Insuran	ce/Visa Screen	Co	onfirmation of known pos	itive	
Other (specify):					
Probable Route of Infect	ion				
Patient presumed infected in th	e UK? Yes	No 🗀	Not Known	]	
If No or Not known in which c	ountries?				
Sexual relations between men	Yes	No 🗆			
Does this patient believe thems	elves to be infected throug	gh oral sex	conly? Yes	No [	
Sexual relations between men a	and women				

Has this patient had sex with - Bis	exual male	Yes	No 🗌	Not Known
- Inj	ecting Drug user	Yes	No 🗆	Not Known
Partner presumed heterosexually infec	ited	Yes	No 🗌	Not Known
If Yes partners likely country(ies) of inf	ection			
Injecting Drug Use (sharing)				
Year first injected	Year last injec	ted		
Does the patient have protected sex (	condoms) : Alw	vays Sor	metimes	Never
Patient defined Sexual Orientation?	,			
Homosexual Heterosexu	al Bi	isexual	Other :	
Marital Status				
Single Married	Reg. Cohabitat	tor Male	Reg. Cohal	bitator Female
Widower Partner died	Separated / Di	vorced		
Does patient have a partner curren	tly? Yes	No [		
If YES is partner	Male	Female [		
Is partner HIV positive ?	Yes	No 🗌	First name _	
If Yes does partner have AIDS?	Yes	No 🗌	Unkno	own
Does patient have any children ?	Yes	No 🗌		
If YES how many children ?	I 2	3	or more	
Are any HIV positive ?	Yes	No 🗌		
If YES where are they being treated ?				
Comments e.g. Housing Employment, Metho	ods of contraceptio	n etc		

**Current History** 

Cigarette smokin	g & alcohol co	onsumption			
Does patient smoke?	Yes	No per day ? Number of years	Number of years		
Does patient drink?	Yes	No units per week Number of years			
Does patient use recr	reational drugs?	Yes No Which?			
Past Medical History	(operations):	Has the patient ever been vaccinated for :			
		BCG Which year			
		Hep A			
		Hep B			
Known Allergies :		Pre-therapyViral Load (if known) Value Da	te		
		Lowest ever CD4 count (if known) Value Da			
	. ,		d before age 50		
ratner:					
Brother(s):					
Sister(s):					
Other (specify):					
All Current Medic	cation				
Drug	Dose	Purpose -			
Known allergies :		Antiretroviral adherence :	!		
Past Antiretrovir	als				
Developed by Royal Free Centre for HIV	■ V Medicine and HIV i-Base: www.	wi-Base info	VISIT SEPTEMBER 200		

Drug I	Dose		Starte -	ed Stopped	_	Reason		
			-					
Complete for any	IEW or PI	REVIOUS A	IDS Diagr	nosis				
Please tick the AIDS indica AIDS Indicator Disease	tor disease(s Diagnosis	) and give mo		of diagnosis AIDS Indicator Disease	Diagnosis		Date	
	Definitive P	resumptive M	lo/Year		Definitive F	Presumptive	e Mo/Year	
Candidiasis: trachea,				Lymphoma, Burkitt's				
bronchi, or lungs		NA	/	or equivalent term		NA	1	
Candidiasis: oespohageal			1	Lymphoma, immunoblastic		NIA	,	
Cervical carcinoma, invasive	е 🗌	NA	1	or equivalent term Lymphoma, primary in brair	ı 🗀	NA	/	
Coccidioidomycosis:		NA	1	Mycobacterium avium: extrapulmonary			,	
expulmonary Cryptococcosis:		INA	1	M.tuberculosis : pulmanary			1	
expulmonary		NA	1	M.tuberculosis :			,	
Crytosporidiosis with diarrhoea > 1 month		<u>N</u> A	1	extrapulmonary  Mycobacterium of other or			1	
Cytomegalovirus retinitis			,	unidentified species disseminated			I	
CMV disease not liver,				Pneumocystis carinii			,	
spleen or nodes		NA	1	pneumonia			1	
Encephalopathy (dimentia) due to HIV		NA	1	Pneumonia recurrent within 12 months			1	
Herpes simplex : ulcers > I			•	Progressive multifocal			•	
month or bronchitis,				leukoencephalopathy		NA	1	
pneumonitis, oesphagitis		NA	1	Salmonella senticaemia				
Histoplasmosis; disseminated/extrapulmona	ary 🗌	NA	1	Salmonella septicaemia, recurrent			1	
Isosporiasis with	, —		•	Toxoplasmosis of the brain			1	
diarrhoea for > 1 month Kaposi's sarcoma		NA	/ /	Wasting syndrome due to HIV			/	
Clinical Evamination	<b>n</b>	Normal		Abnormal findings				

	General Cardiovascular Skin Chest Mouth Abdomen Lymph nodes Neurological /Fundi						
CLINI	CAL STAGE						
	Asymptomatic		Symptomatic	С		AIDS	
SUMMA 1. 2.	ARY OF CASE						
<ul><li>3.</li><li>4.</li></ul>							
5.							
6.							 
Letter t	to GP? Yes	No		٨	Next Visit	_ Weeks	
Doctor	's Name :				Referrals :		
Post	:				Hepatitis Clinic		
Contac	t blp/ext.:				Womens Clinic Lipid Clinic		