Name	Visit date : ____/____/___	Booked ☐
Hospital No.	Weight _____ kg	Unbooked ☐

History and Examination

	Date
VL:	
CD4:	
CD4 %:	

Reasons for stopping:

1	Failure VL ↑
2	Failure CD4 ↓
3	Study change
4	Rash
5	Nausea/vomiting
6	Diarrhoea
8	Abdominal pain
9	↑ LFTs / liver problem
11	Pancreatitis
12	↑ Glucose/diabetes
13	↑ Lipids
14	Fat wasting (LD)
15	Fat accumulation (LD)
16	Lactic Acidosis
17	Myositis
18	Renal problem
19	Anaemia
20	Malaise/fatigue
21	CNS effects
22	Headache
23	Peripheral Neuropathy
24	Allergic reaction
25	Drug interaction
26	Poor compliance
27	Rationalisation (eg Trizivir)
28	Patient choice (no a/es)
29	Failure ← resistance
31	Skin problems
32	Potential toxicity
33	No longer pregnant
34	Teratogenicity
35	TDM
36	Non-HIV infection (specify)
90	Other (specify)

New AIDS diagnosis *

Diagnosis	Date
_____	_____ / _____ / _____
_____	_____ / _____ / _____
_____	_____ / _____ / _____
_____	_____ / _____ / _____

Non-AIDS diagnoses *

Please give the date of first onset of any of the following conditions **ever** diagnosed

	Date
Myocardial infarction	_____ / _____ / _____
Stroke	_____ / _____ / _____
Diabetes	_____ / _____ / _____
Coronary revascularisation	___ / ____ / ____
Renal dialysis / failure	_____ / _____ / _____
Liver cirrhosis	_____ / _____ / _____
Non-AIDS cancer (excluding non-melanoma skin cancer)	_____ / _____ / _____

** If not already included on clinic front sheet*

Current trial ☐

Short title _____

Subject no. _____

Visit / week _____

Antiretroviral Medication ☐ *No change* Patient reports poor adherence ☐

Drug with dosage	Started	Stopped *	Prescribed	Reasons (codes above)		Date stopped
	○	○	○			
	○	○	○			
	○	○	○			
	○	○	○			
	○	○	○			
	○	○	○			

Other drugs with dosage ☐ *No change* Investigations: _____ *(* please detail even brief interruptions)*

Referral **GP letter ? Y** ☐ **N** ☐

Doctors name: **Next visit in** **weeks**