

HIV RISK MANAGEMENT FOLLOW-UP FORM

A. Important Information: (This form must be completed by members of NMC and PSEMAS.)

- The Follow-up Form is used to document clinical progress, treatment adherence, follow-up pathology results, and any new or ongoing conditions for adults, adolescents, and pediatric members enrolled in HIV care.
- This form should be completed by a qualified healthcare provider (doctor, clinical officer, nurse, or designated ART clinician) during each follow-up visit.
- Email the completed forms, relevant baseline blood results and the prescription to mhsp@methealth.com.na.

*This form is subjected to renewal after 12 months.

B. Patient's Personal Details*

Surname

First Names

Gender M F Date of Birth Marital Status Single Married Divorced Child

Cell Phone Number Email Address

City/Town Preferred Language

C. Medical Aid Details*

Medical Aid Fund (Please tick the correct Fund) NMC PSEMAS Option

Medical Aid Number: Membership Code:

D. General Examination

Weight kg Height/Length cm Pregnant? Yes No N/A LMP EDD

E. Adherence Assessment

Good Fair Poor (Patient's self-report only)

F. Side effects/Toxicities/Oppportunistic Infections/Immune Reconstitution Syndrome (IRS)

Rashes Lactic acidosis Anemia Neuropathy Pancreatitis Renal Failure Lipoatrophy

Hepatitis Cytomegalovirus (CMV) Herpes Simplex Virus (HSV) Human Papillomavirus (HPV)

Candidiasis (Oral, Esophageal, or Vaginal) Cryptococcosis Meningitis Pneumocystis Jirovecii Pneumonia (PCP)

Other (Specify) None

Referred to: Social Worker Child Psychologist Teens Clubs HIV Specialist

Other Specialist (Specify) No Referral Done

G. Key Laboratory Results (As Per the Recommended Blood Monitoring Intervals)

Date When the Tests Were Done	Tests Done	Results
	CD4 Count	
	Viral Load (PCR)	
	Creatinine	
	Glucose	
	HB	
	HBsAg	
	ALT	

I confirm that the information provided in this application form is correct, and the patient comprehends all the information regarding the treatment.

Doctor's Full Names _____

Practice Number _____

Doctor's Signature _____

Date

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