HIV CARE SUMMARY SHEET

Facility name _____ v3.20.6 Page ☐

Patient ID ☐☐☐ - ☐☐☐ - ☐☐☐☐☐ - ☐
District Facility Serial no.

Patient Last Name _____ Patient First Name _____

Date of birth ☐☐ / ☐☐ / ☐☐ (Day / Month / Year)

Diagnosed HIV+ ☐☐ / ☐☐ / ☐☐ (Day / Month / Year)

Enrollment date ☐☐ / ☐☐ / ☐☐ (Day / Month / Year)

ARV start date ☐☐ / ☐☐ / ☐☐ (Day / Month / Year)

Allergies to medications:

TREATMENT SUPPORTER LIST
(Authorized to pick up medications)

CURRENT MEDICATIONS

Name	Dose	Freq	Start date	Stop date

Date	Weight	Height	WHO Stage today	CD4	CD4%	Viral load	Hgb	AST	ALT	Cre	Other

ANTIRETROVIRAL MEDICATIONS

Name	Dose	Freq	Start date	Stop date

PROBLEM LIST / OPPORTUNISTIC INFECTIONS	Diagnosed	Resolved