File No:

MOH 257 Ver. Aug. 2016

MINISTRY OF HEALTH

Clinical Encounter Green Card

Name of Facility: _____ Tier_____

MFL code: | | | | | | Sub County_____ County_____

Client Profile

Unique Number (CCC No.): | | | | | | — | | | | | |

Name (FIRST, MIDDLE, LAST): Sex: M ☐ F ☐

Social status: **Date of Birth**: DD / MM / YYYY Age _____ (If under 18yr) Orphan? **Y** ☐ **N** ☐ In school. Y ☐ N ☐

Child: Parent/Guardian name (FIRST/LAST):_____ _____

Adult: ID Number_____ ☐ Single ☐ Cohabiting

☐ Married Monogamous ☐ Married Polygamous ☐ Separated/Divorced

Pop. Type: ☐ **Gen Pop** ☐ **Key Pop (Tick one) MSM_____ FSW_____PWID_____**

Entry Point & Transfer status

Referred from (Place of first diagnosis):

HBTC ☐ VCT site ☐ OPD ☐ MCH ☐

TB clinic ☐ IPD-Child ☐ IPD-Adult ☐ CCC ☐

Self-test ☐ Other (*eg STI*) _____

Transfer in: (Date TI) DD / MM / YYYY N/A:

ART start date: DD/ MM/ YYYY Regimen_____

Facility transferred from: _____

MFL Code_____ County from _____

Diagnosis & ARV history

Date of HIV diagnosis: | | | | | | | | |

Date of enrollment: | | | | | | | | |

WHO stage at enrollment: 1: ☐ 2: ☐ 3: ☐ 4: ☐

Date of ART initiation: | | | | | | | | |

History of ART use: ☐ Prep ☐ PEP ☐ PMTCT ☐ None

Purpose	Regimen	Date last used
a)_____	_____	_____
b) _____	_____	_____
c) _____	_____	_____

Baseline assessment & Treatment Initiation (Tick as appropriate)

HBV infected Y ☐ N ☐ Pregnant? Y ☐ N ☐

TB Infected Y ☐ N ☐ Breastfeeding? Y ☐ N ☐

WHO stage _____ CD4 Count _____ MUAC_____

Weight (Kgs) _____ Height (cm) _____ BMI _____

Date started on 1st line: DD / MM / YYYY

ART Cohort_____ Regimen_____

Baseline Viral load: _____ Date: DD / MM / YYYY

Exit: Transfer out (Date**):** DD/MM/YYYY Death**:** DD/MM/YYYY

Viral Load and treatment changes tracker

Viral load tracker	Sample date								
	VL reason								
	Results								
Treatment interruptions	Date								
	Regimen								
	Reason								
Substitutions	Date								
	New drug								
	Reason								
Switch	Date								
	New regimen								
	Reason								

Date (DD /MM / YYYY)	Complaints & History of complaints (r)	TB screening & Nutrition status(t)		Adverse event(u)	Medicine causing A/E	Severity	Action
scheduled (a) ☐ unscheduled ☐		TB screening	pr.TB/ NoTB/INH/ TBRx	A/E name	A/E name		
Visit by: (b) S / TS		Nutrition status	N /SAM /MAM /O	A/E name	A/E name		
Blood Pressure. (C)		**Investigations (v)**	Date of sample	Results (w)	Date of results	Antigen today (ad)	
/		1. Viral Load				BCG ☐	
Weight (kg) (d)		2.				PV ☐☐☐☐	
Height (cm) (e)		3.				Penta ☐☐☐☐	
BMI/MUAC (f)		4.				PCV ☐☐☐☐	
WHO stage (g)		5.				Measles ☐☐☐	

Known allergies(h)	Indicate physical examination findings below (s)	Chronic illnesses & comorbidities (x)	Current treatment(y)	Dose	/Duration	PHDP (ae)		
1.	Pallor ☐ Jaundice ☐ Oedema ☐ Oral thrush ☐	1.				Ad..C	CD	SA
2.		2.				Disc.	PT	STI

Female LMP (i)	HIV treatment & CTX Prophylaxis(z)	Regimen (aa)	Dose	Duration	Adherence assessment (af)		
DD/MM/YYYY	Antiretroviral Drugs for HIV treatment	1			Adherence		
Pregnancy status (j)		2			good	fair	poor
Expected date of child birth (k)	Prophylaxis CTX/Dapsone				☐	☐	☐
					☐	☐	☐

	Diagnosis (ab)	Treatment(ac)	Dose	Duration	Next appointment date (ag)
ANC/PNC profile (l)					DD/MM/YYYY
On Family Planning (m)					Referred for (ah):
Method (n)					
CaCx screen (0)					Clinicians Name & Signature (ai)
STI screen (p)					
STI partner nofitication (q)					

Date (DD /MM / YYYY)	Complaints & History of complaints (r)	TB screening & Nutrition status(t)		Adverse event(u)	Medicine causing A/E	Severity	Action
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Height (cm) (e)		3.				Penta ☐☐☐☐	
BMI/MUAC (f)		4.				PCV ☐☐☐☐	
WHO stage (g)		5.				Measles ☐☐☐	

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Visit date	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
MUAC								
BMI								
Cacx screen								
Differentiated care (S/U)								
Type of diff care (S/E/C)								

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Height (cm)	(e)		3.				Penta ☐☐☐☐	
BMI/MUAC	(f)		4.				PCV ☐☐☐☐	
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Expected date of child birth (k)		Prophylaxis CTX/Dapsone				☐	☐	☐

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One time events tracker		
Disclosure to	**Adolescents** Stage Stage I, Date: DD / MM / YYYY Stage II: Date DD / MM / YYYY Stage III: Date DD / MM /YYYY	**Sex Partner** DD / MM /YYYY
INH prophylaxis	Start date: DD / MM / YYYY Completion? Yes ☐ No ☐ Date: DD / MM / YYYY	
Vaccination Adult	HBV ☐ Flu Vaccine ☐ Other (Specify) _____	
Vaccination child	BCG ☐ PV ☐☐☐ Penta ☐☐☐ PCV ☐☐☐ measles ☐☐☐	

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Date (DD /MM / YYYY)		Complaints & History of complaints (r)	TB screening & Nutrition status(t)		Adverse event(u)	Medicine causing A/E	Severity	Action
scheduled (a) ☐	unscheduled ☐		TB screening	pr.TB/ NoTB/INH/ TBRx	A/E name	A/E name		
Visit by:	(b) $ / TS		Nutrition status	N /SAM /MAM /O	A/E name	A/E name		
Blood Pressure. (C)			**Investigations (v)**	**Date of sample**	**Results (w)**	**Date of results**	**Antigen today (ad)**	
/			1. Viral Load				BCG ☐	
Weight (kg)	(d)		2.				PV ☐☐☐☐	
Height (cm)	(e)		3.				Penta ☐☐☐☐	
BMI/MUAC	(f)		4.				PCV ☐☐☐☐	
WHO stage	(g)		5.				Measles ☐☐☐	

Known allergies(h)	Indicate physical examination findings below (s)	Chronic illnesses & comorbidities (x)	Current treatment(y)	Dose	/Duration	PHDP (ae)		
1.	Pallor ☐ Jaundice ☐ Oedema ☐ Oral thrush ☐	1.				Ad..C	CD	SA
2.		2.				Disc.	PT	STI

Female LMP (i)	HIV treatment & CTX Prophylaxis(z)	Regimen (aa)	Dose	Duration	Adherence assessment (af)		
DD/MM/YYYY	Antiretroviral Drugs for HIV treatment	1			Adherence		
					good	fair	poor
Pregnancy status (j)		2			☐	☐	☐
Expected date of child birth (k)	Prophylaxis CTX/Dapsone				☐	☐	☐

	Diagnosis (ab)	Treatment(ac)	Dose	Duration	Next appointment date (ag)
ANC/PNC profile (l)					DD/MM/YYYY
On Family Planning (m)					Referred for (ah):
Method (n)					
CaCx screen (0)					Clinicians Name & Signature (ai)
STI screen (p)					
STI partner nofitication (q)					

Date (DD /MM / YYYY)	Complaints & History of complaints (r)	TB screening & Nutrition status(t)		Adverse event(u)	Medicine causing A/E	Severity	Action
scheduled (a) ☐ unscheduled ☐		TB screening	pr.TB/ NoTB/INH/ TBRx	A/E name	A/E name		
Visit by: (b) S / TS		Nutrition status	N /SAM /MAM /O	A/E name	A/E name		
Blood Pressure. (C)		**Investigations (v)**	Date of sample	Results (w)	Date of results	Antigen today (ad)	
/		1. Viral Load				BCG ☐	
Weight (kg) (d)		2.				PV ☐☐☐☐	
Height (cm) (e)		3.				Penta ☐☐☐☐	
BMI/MUAC (f)		4.				PCV ☐☐☐☐	
WHO stage (g)		5.				Measles ☐☐☐	

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2.		2.				Disc.	PT	STI

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Pregnancy status (j)		2			good	fair	poor
Expected date of child birth (k)	Prophylaxis CTX/Dapsone				☐	☐	☐
					☐	☐	☐

	Diagnosis (ab)	Treatment(ac)	Dose	Duration	Next appointment date (ag)
ANC/PNC profile (l)					DD/MM/YYYY
On Family Planning (m)					Referred for (ah):
Method (n)					
CaCx screen (0)					Clinicians Name & Signature (ai)
STI screen (p)					
STI partner nofitication (q)					

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scheduled (a) ☐ unscheduled ☐		TB screening	pr.TB/ NoTB/INH/ TBRx	A/E name	A/E name		
Visit by: (b) S / TS		Nutrition status	N /SAM /MAM /O	A/E name	A/E name		
Blood Pressure. (C)		**Investigations (v)**	Date of sample	Results (w)	Date of results	Antigen today (ad)	
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Height (cm) (e)		3.				Penta ☐☐☐☐	
BMI/MUAC (f)		4.				PCV ☐☐☐☐	
WHO stage (g)		5.				Measles ☐☐☐	

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					☐	☐	☐

	Diagnosis (ab)	Treatment(ac)	Dose	Duration	Next appointment date (ag)
ANC/PNC profile (l)					DD/MM/YYYY
On Family Planning (m)					Referred for (ah):
Method (n)					
CaCx screen (0)					Clinicians Name & Signature (ai)
STI screen (p)					
STI partner nofitication (q)					

	Family Testing	Relationship to Index client	Baseline HIV status	HIV testing date	CCC Referral
	Name		Date	Results	CCC Number

Patient Contact Information & Treatment supporter details		
Phone number/County		
Sub County/Ward		
Village/Estate & Landmark		
Nearest Health Facility		
Treatment supporter Names/Contact	1	
	2	