

 <b>health</b> <small>Department of Health REPUBLIC OF SOUTH AFRICA</small>		PrEP Clinical form (Initiation)									
First name			Folder #								
Surname			Phone #								
DOB	dd / mm / yy	Gender: M / F / TG	Address								
ID Number			Client category	SW / MSM / TG							
<b>Instructions:</b> Please use the below form to capture initiation, continuation, discontinuation, and re-initiation for <u>ALL</u> PrEP methods: Oral PrEP (TDF/FTC), Lenacapavir (LEN) Cabotegravir (CAB), and Dapivirine vaginal ring (DVR). If a client discontinues PrEP, continue the record with the corresponding date of discontinuation (section B). Should a client re-start or switch to another PrEP method, record with the corresponding date and PrEP method (section A), and all subsequent visits will be captured on this same form (section B). Additional clinical notes can be captured further below.											
SECTION A: PrEP Initiation/Re-Initiation or Change of PrEP method											
Date of Visit	HIV Test Result	PrEP Counselling Conducted?	PrEP Baseline Assessments					PrEP method (select one):			
			Weight (kg)	Pregnancy	Hepatitis B	STI Screening	Creatinine (eGFR/sCr)				
/ /	+/-	Y/N		+/- / NA		+/-		TDF/FTC:LEN:CAB:DVR			
/ /	+/-	Y/N		+/- / NA		+/-		TDF/FTC:LEN:CAB:DVR			
/ /	+/-	Y/N		+/- / NA		+/-		TDF/FTC:LEN:CAB:DVR			
/ /	+/-	Y/N		+/- / NA		+/-		TDF/FTC:LEN:CAB:DVR			
/ /	+/-	Y/N		+/- / NA		+/-		TDF/FTC:LEN:CAB:DVR			
/ /	+/-	Y/N		+/- / NA		+/-		TDF/FTC:LEN:CAB:DVR			
/ /	+/-	Y/N		+/- / NA		+/-		TDF/FTC:LEN:CAB:DVR			
/ /	+/-	Y/N		+/- / NA		+/-		TDF/FTC:LEN:CAB:DVR			
Original PrEP Initiation Date: / /			Transfer in: / /      Clinic:								
SECTION B: PrEP continuation, monitoring and discontinuation											
# of months on PrEP	Next visit date:	Actual visit date:	PrEP Method (TDF/FTC, LEN)	Test results (if applicable)							
				HIV Test	Breast feeding	Weight (kg)	STI Screen	Pregnancy	Creatinine (eGFR/sCr)	Outcome (RIP, LTF, TFO, Sero, DNA, Disc)	Date of Outcome
0	/ /	/ /	TDF/FTC:LEN:CAB:DVR	+/-	Y/N		+/-	+/- / NA			/ /
1	/ /	/ /	TDF/FTC:LEN:CAB:DVR	+/-	Y/N		+/-	+/- / NA			/ /
2	/ /	/ /	TDF/FTC:LEN:CAB:DVR	+/-	Y/N		+/-	+/- / NA			/ /
3	/ /	/ /	TDF/FTC:LEN:CAB:DVR	+/-	Y/N		+/-	+/- / NA			/ /
4	/ /	/ /	TDF/FTC:LEN:CAB:DVR	+/-	Y/N		+/-	+/- / NA			/ /
5	/ /	/ /	TDF/FTC:LEN:CAB:DVR	+/-	Y/N		+/-	+/- / NA			/ /
6	/ /	/ /	TDF/FTC:LEN:CAB:DVR	+/-	Y/N		+/-	+/- / NA			/ /
7	/ /	/ /	TDF/FTC:LEN:CAB:DVR	+/-	Y/N		+/-	+/- / NA			/ /
8	/ /	/ /	TDF/FTC:LEN:CAB:DVR	+/-	Y/N		+/-	+/- / NA			/ /
9	/ /	/ /	TDF/FTC:LEN:CAB:DVR	+/-	Y/N		+/-	+/- / NA			/ /
10	/ /	/ /	TDF/FTC:LEN:CAB:DVR	+/-	Y/N		+/-	+/- / NA			/ /
11	/ /	/ /	TDF/FTC:LEN:CAB:DVR	+/-	Y/N		+/-	+/- / NA			/ /
12	/ /	/ /	TDF/FTC:LEN:CAB:DVR	+/-	Y/N		+/-	+/- / NA			/ /
13	/ /	/ /	TDF/FTC:LEN:CAB:DVR	+/-	Y/N		+/-	+/- / NA			/ /
14	/ /	/ /	TDF/FTC:LEN:CAB:DVR	+/-	Y/N		+/-	+/- / NA			/ /
<b>Notes:</b> Medical history/reason for discontinuation or change of PrEP method etc.											

NB: Please affix any copies of additional notes or laboratory results that are necessary.

First name	
Surname	
DOB	dd / mm / yy <b>Gender:</b> M / F /TG
ID Number	

### History:

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, typical of notebook or composition paper. The lines are uniform in thickness and color, providing a guide for handwriting. There are no margins, text, or other markings present on the page.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_