

Dapivirine Vaginal Ring

referred to as the Ring

PrEP clinical form

health Department of Health REPUBLIC OF SOUTH AFRICA		PrEP Clinical form (Initiation)								
First name				Folder #						
Surname				Phone #						
DOB	dd / mm / yy	Gender:	M / F / TG	Address						
ID Number										
<p>Instructions: Please use the below form to capture initiation, continuation, discontinuation, and re-initiation for ALL PrEP methods: Oral PrEP (TDF/FTC), Dapivirine ring (DVR), and Cabotegravir (CAB). 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.</p>										
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: DVR: CAB		
/ /	+/-	Y/N		+/-/NA		+/-		TDF/FTC: DVR: CAB		
/ /	+/-	Y/N		+/-/NA		+/-		TDF/FTC: DVR: CAB		
/ /	+/-	Y/N		+/-/NA		+/-		TDF/FTC: DVR: CAB		
/ /	+/-	Y/N		+/-/NA		+/-		TDF/FTC: DVR: CAB		
/ /	+/-	Y/N		+/-/NA		+/-		TDF/FTC: DVR: CAB		
/ /	+/-	Y/N		+/-/NA		+/-		TDF/FTC: DVR: CAB		
/ /	+/-	Y/N		+/-/NA		+/-		TDF/FTC: DVR: CAB		
Original PrEP Initiation Date		/ /		Transfer in:						
				Date: / / Clinic:						
SECTION B: PrEP continuation, monitoring and discontinuation										
# of months on PrEP	Next visit date:	Actual visit date:	PrEP Method (TDF/FTC, DVR, CAB)	Test results (if applicable)					Outcome (RIP, LTF, TFO, Sero, DNA, Disc)	Date of Outcome
				HIV Test	Weight (kg)	STI Screen	Pregnancy	Creatinine (eGFR/sCr)		
0	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
1	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
2	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
3	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
4	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
5	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
6	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
7	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
8	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
9	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
10	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
11	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
12	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
13	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
14	/ /	/ /	TDF/FTC: DVR: CAB	+/-		+/-	+/-/NA		/ /	
Notes: 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.



