Pre-Exposure Prophylaxis (PrEP) Client Register

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR	AS	AT	AU	AV
															Follow-Up Visit 1					Follow-Up Visit 2						Follow-Up Visit 3					Follow-Up Visit 4					Follow-Up Visit 5					Stopped PrEP		Re-Initiation of PrEP			Outcome		
	Date of PrEP Initiation	Client ID Number	PrEP Client Number *(if applicable)*	Surname	Given Name	Address	Telephone	Alternative Telephone	Date of Birth	Age *(years)*	Sex at Birth *(M/F/O /No R)*	Gender *(M/F/TG/O /No Response)*	Key populations client? *(Y/N)*	PrEP (ARVs) Prescribed	Visit Date	HIV Testing			PrEP Side Effects *(see codes)*	PrEP (ARVs) Prescribed	Visit Date	HIV Testing			PrEP Side Effects *(see codes)*	PrEP (ARVs) Prescribed	Visit Date	HIV Testing			PrEP Side Effects *(see codes)*	PrEP (ARVs) Prescribed	Visit Date	HIV Testing			PrEP Side Effects *(see codes)*	PrEP (ARVs) Prescribed	Visit Date	HIV Testing			PrEP Side Effects *(see codes)*	PrEP (ARVs) Prescribed	Date	Reasons *(see codes)*	Date *(Enter visit information in first available follow-up column)*	Stopped Date	Reasons *(see codes)*	PrEP Follow-Up Outcome *(tick outcome that applies)*		
													Code *(see below)*			Date Tested	Result *(Neg/Positive)*				Date Tested	Result *(Neg/Positive)*				Date Tested	Result *(Neg/Positive)*				Date Tested	Result *(Neg/Positive)*				Date Tested	Result *(Neg/Positive)*										Died	Lost to Follow-Up	Transfer Out
1													Y/N	❑ TDF/FTC ❑ TDF/3TC ❑ TDF ❑ Other_____					❑ TDF/FTC ❑ TDF/3TC ❑ TDF ❑ Other_____					❑ TDF/FTC ❑ TDF/3TC ❑ TDF ❑ Other_____					❑ TDF/FTC ❑ TDF/3TC ❑ TDF ❑ Other_____					❑ TDF/FTC ❑ TDF/3TC ❑ TDF ❑ Other_____					❑ TDF/FTC ❑ TDF/3TC ❑ TDF ❑ Other_____					❑ TDF/FTC ❑ TDF/3TC ❑ TDF ❑ Other_____												
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CODES

PrEP SIDE EFFECTS CODES: **A**=Abdominal pain. **S**=Skin rash. **Nau**=Nausea. **V**=Vomiting. **D**=Diarrhea. **F**=Fatigue. **H**=Headache. **L**=Enlarged lymph nodes. **R**= Fever. **O**=Other *(specify)*.

REASONS FOR STOPPING PrEP CODES: **H**=Tested HIV+. **R**=No longer at substantial risk. **S**=Side effects. **C**=Client preference. **AB**=Abnormal creatinine result. **O**=Other (*specify).*

KEY POPULATION CODES: **MSM**=Man who has sex with men. **TG**=Transgender. **SW**=Sex worker. **PWID**=Person who injects drugs. **PP**=Person in prison. **O**=Other *(specify).*