

NEW PATIENT REGISTRATION

Hospital No. _____ Date of Visit : ____ / ____ / ____

Surname : _____ First Name : _____

Date of birth : ____ / ____ / ____ Sex : Male Female

Is this patient a transfer? Yes No If Yes where from? _____

Country of Birth : _____

Stage 1 interviewer : _____ Is a stage 2 interview required : Yes No

Patients Address : _____

Full Postcode : _____

Contact Numbers : Home _____ Mobile _____
Work _____ E-mail _____

Ethnic Group :

White Black African Black Caribbean Black Other (Please Specify) _____
Indian Pakistani Bangladeshi Other (Please Specify) _____

GP DETAILS :

Name : _____

Address : _____

Telephone : _____

Is GP aware of Diagnosis : Yes No
No

Can he/she be contacted ? Yes No

NEXT OF KIN DETAILS :

Name : _____

Address : _____

Telephone: _____

Aware of Diagnosis : Yes

Patient signature : _____ Date : _____

Last centre of HIV/AIDS Care? (if applicable) :

UCL / Mortimer Mkt Kobler / C & W St Mary's St Thomas's
Bart's / Royal London Whittington King's Guy's
North Middlesex Barnet General Chase Farm Hammersmith
Blood Transfusion Service Other (specify) _____

Can last centre be contacted for past medical history? Yes No Hospital No. _____

Patient Signature : _____ Date : _____

CIRCUMSTANCES LEADING TO PRESENTATION

Date of first NEGATIVE antibody test : _____

Where was this test performed?

Royal Free SDTC Royal Free Marlborough Royal Free Antenatal
UCL / Mortimer Mkt Kobler / C & W St Mary's St Thomas's
Bart's / Royal London Whittington King's Guy's
North Middlesex Barnet General Hammersmith Chase Farm
Blood Transfusion Service Other (specify) _____

Date of last NEGATIVE antibody test : _____

Where was this test performed?

Royal Free SDTC Royal Free Marlborough Royal Free Antenatal
UCL / Mortimer Mkt Kobler / C & W St Mary's St Thomas's
Bart's / Royal London Whittington King's Guy's
North Middlesex Barnet General Hammersmith Chase Farm
Blood Transfusion Service Other (specify) _____

Date of first POSITIVE antibody test : _____

Where was this test performed?

Royal Free SDTC Royal Free Marlborough Royal Free Antenatal
UCL / Mortimer Mkt Kobler / C & W St Mary's St Thomas's
Bart's / Royal London Whittington King's Guy's
North Middlesex Barnet General Hammersmith Chase Farm
Blood Transfusion Service Other (specify) _____

Reason for test :

Symptoms Known positive partner Risky Behaviour Antenatal

Blood Donor Insurance/Visa Screen Confirmation of known positive

Other (specify) : _____

Probable Route of Infection

Patient presumed infected in the UK? Yes No Not Known

If No or Not known in which countries? _____

Sexual relations between men Yes No

Does this patient believe themselves to be infected through oral sex only? Yes No

Sexual relations between men and women

Has this patient had sex with - Bisexual male Yes No Not Known
- Injecting Drug user Yes No Not Known
Partner presumed heterosexually infected Yes No Not Known
If Yes partners likely country(ies) of infection _____

Injecting Drug Use (sharing)

Year first injected _____ Year last injected _____
Does the patient have protected sex (condoms) : Always Sometimes Never

Patient defined Sexual Orientation?

Homosexual Heterosexual Bisexual Other : _____

Marital Status

Single Married Reg. Cohabitator Male Reg. Cohabitator Female
Widower Partner died Separated / Divorced

Does patient have a partner currently ?

Yes No
If YES is partner Male Female
Is partner HIV positive ? Yes No First name _____
If Yes does partner have AIDS ? Yes No Unknown
Does patient have any children ? Yes No
If YES how many children ? 1 2 3 4 or more
Are any HIV positive ? Yes No
If YES where are they being treated ? _____

Comments e.g. Housing, Employment, Methods of contraception etc

Clinical Examination

Normal

Abnormal findings

General

Cardiovascular

Skin

Chest

Mouth

Abdomen

Lymph nodes

Neurological /Fundi

CLINICAL STAGE

Asymptomatic

Symptomatic

AIDS

SUMMARY OF CASE

1.

2.

3.

4.

5.

6.

Letter to GP? Yes

No

Next Visit _____ Weeks

Doctor's Name

: _____

Referrals :

Post

: _____

Hepatitis Clinic

Womens Clinic

Lipid Clinic

Contact blp/ext.:
