**Kenya ART Distribution Form for Stable Patients**

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| **ART Distribution Form for Stable Patients** | | | | |
| Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Unique No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of ARV Distribution: DD \_\_\_\_\_\_\_\_\_MM\_\_\_\_\_\_\_\_\_YYYY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ART Refill Model: ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Patient Phone No: Treatment Supporter Phone No: | | | | |
| ARVs regimen being distributed: Quantity (mths): | | | | |
| **Other drugs/supplies being distributed and quantity** | | | | |
| ☐ CPT / Dapsone, quantity (mths): ☐ Oral Contraception, quantity (mths): ☐ Condoms (yes/no): | | | | |
| ☐ Other: , quantity (days): | | | ☐ Other: , quantity (days): | |
| Name of pharmacist:  Signature: | | | Name of ART distributor:  Signature: | |
| 1. **Patient review checklist *(if yes to any of the questions below, confirm they have enough ART until they can reach the clinic and refer back to clinic for further evaluation; book appointment and notify clinic)*** | | | | |
| Any missed doses of ARVs since last clinic visit: ☐Yes ☐No  If yes, how many missed doses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Any current/worsening symptoms: | | | | |
| Fatigue: ☐Yes ☐No  Cough: ☐Yes ☐No | Fever: ☐Yes ☐No  Rash: ☐Yes ☐No | Nausea/vomiting: ☐Yes ☐No  Genital sore/discharge: ☐Yes ☐No | | Diarrhoea: ☐Yes ☐No  Other: |
| Any new medications prescribed from outside of the HIV clinic: ☐Yes ☐No  If yes, specify: | | | | |
| Family planning method used: ☐Yes ☐No | | Pregnancy status: ☐Pregnant ☐Not Pregnant ☐Not Sure | | |
| Referred to clinic: ☐Yes ☐No  If yes, appointment date: DD\_\_\_\_\_ MM\_\_\_\_\_ YYYY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Signature of patient upon receipt of the ART: | | | | |