

# Pre-Exposure Prophylaxis (PrEP) Client Register

Date	Patient ID Number	Name & Surname	Contact Number (Cell/Tel)	Age (years)	Key populations client?	If key population (KP): KP group classification (MSM/TG/SW/PWID - tick all that apply)	Initial HIV Test			Creatinine (eGFR)	STI syndrome (see codes). If STI: Date started treatment	PrEP (ARVs) prescribed	Number of tablets	Follow-up Visit 1					
							Date tested	Result: (R/NR/Inc)	Date Client Received Result					Date	HIV Re-testing		Side effects (see codes)	PrEP (ARVs) prescribed	Number of tablets
															Date Re-tested	(R/NR/Inc)			
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**Side effects:** A= Abdominal pain/ S=Skin rash/ Nau=Nausea/ V=Vomiting/ D=Diarrhea/ F=Fatigue/ H=Headache/ L = Enlarged lymph nodes and/ R= Fever / O=Other-specify

**Stopped PrEP reasons:** H=Tested HIV+/R=No longer at substantial risk/S=side effects/C=client preference/Specify any other reasons

**STI syndromes:** U=Urethral discharge / G=Genital ulcers / V=Vaginal discharge / L=Lower abdominal pain / S=Scrotal swelling / I=Inguinal bubo / O=Other-specify

Follow-up Visit 2					Follow-up Visit 3					Follow-up Visit 4					Follow-up Visit 5					Stopped PrEP					
Date	HIV Re-testing		Side effects (see codes)	PrEP (ARVs) prescribed	Number of tablets	Date	HIV Re-testing		Side effects (see codes)	PrEP (ARVs) prescribed	Number of tablets	Date	HIV Re-testing		Side effects (see codes)	PrEP (ARVs) prescribed	Number of tablets	Date	HIV Re-testing		Side effects (see codes)	PrEP (ARVs) prescribed	Number of tablets	Date	Reasons (see codes)
	Date Re-tested	R/NR/Inc					Date Re-tested	R/NR/Inc					Date Re-tested	R/NR/Inc					Date Re-tested	R/NR/Inc					
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