Republic of Lebanon

Ministry of Public Health

الجمهورية اللبنانية

وزارة الصحة العامة

Drugs for Antiretroviral Therapy

HIV

❖ Patient Information

رقم الهوية : ..... رقم بطاقة الكرنتينا : .....

اسم المريض: ..... اسم الأب: ..... الشهرة: .....

اسم الام: ..... تاريخ الولادة: ...../...../..... ذكر ☐ انثى ☐

العنوان

المحافظة : ..... القضاء : ..... البلدة : .....

الشارع : ..... ملك : ..... هاتف : ...../.....

❖ Medical Information

Height:_____cms Weight:_____kgs BP: _____/_____mmHg

Date of diagnosis: _____/_____/_____

Previous ARV therapy: Yes ☐ No ☐ If yes, specify: .....

Inclusive dates: .....

Opportunistic infections/malignancies:.....

.....

Co-morbidities:	Diabetes	Yes ☐	No ☐
	Hypertension	Yes ☐	No ☐
	Dyslipidemia	Yes ☐	No ☐
	Ischemic heart disease	Yes ☐	No ☐
Co-infections:	Tuberculosis	Yes ☐	No ☐
	Hepatitis B	Yes ☐	No ☐
	Hepatitis C	Yes ☐	No ☐

Side effects of ARVs:	Allergy	Yes ☐	No ☐	If yes, to what:.....
	Skin pigmentation	Yes ☐	No ☐	
	Neuropsychiatric disturbances	Yes ☐	No ☐	
	GI disturbances	Yes ☐	No ☐	
	Pancreatitis	Yes ☐	No ☐	
	Nephrotoxicity	Yes ☐	No ☐	
	Hepatotoxicity	Yes ☐	No ☐	
	Lipoatrophy/Lipodystrophy	Yes ☐	No ☐	

Labs: HIV Serology: Rapid test :_____ Date: _____/_____/_____

ELISA :_____ Date: _____/_____/_____

Western blot :_____ Date: _____/_____/_____

WBC: :_____/mm3 Date: _____/_____/_____

Lymphocytes :_____% Date: _____/_____/_____

Neutrophils :_____% Date: _____/_____/_____

Hemoglobin :_____g/dl Date: _____/_____/_____

Platelets :_____/mm3 Date: _____/_____/_____

Glucose :_____mg/dl Date: _____/_____/_____

Creatinine :_____mg/dl Date: _____/_____/_____

Cholesterol :_____mg/dl Date: _____/_____/_____

Triglycerides :_____mg/dl Date: _____/_____/_____

CD4 count :_____/mm3 Date: _____/_____/_____

CD4 % :_____% Date: _____/_____/_____

Viral load :_____/ml Date: _____/_____/_____

❖ Prescription:

Medication	Unit dose	Mode of administration	Dosing frequency

❖ Physician:

Physician Name:……Date: ……/……./……

Specialty:…… Telephone: ……

Order of Physicians Number:……Signature:…….

❖ Documents to be submitted :

1. صورة عن بطاقة الهوية او اخراج القيد
2. HIV 1&2 Serology (Initial application)

N.B:

1. This form must be completed by the doctor
2. All information should be attached
3. All attached reports and studies should be original and official
4. All fields are mandatory except detailed address