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Paediatric Follow-up

DOCTOR to complete if details have changed

Surname	
Initials and First Name	
Practice Number	
Physical Address	
Postal code	
Fax	() Is this fax facility confidential? Y N
Telephone Numbers	(W) (Cell)

To be completed by the Child's Guardian.

Child's Name	
Child's Surname	
Child's Initials	
Gender	
Child's ID Number	
Home Language	
Telephone Number	Confidential? Yes No
Mobile / Cell Number	Confidential? Yes No
Physical Address	
Postal Code	
Postal Address	
Postal Code	
Medication delivery address	
Medical Aid Name	
Medical Aid Number	

Guardian's Full Names	
Relationship to Patient	
Telephone numbers	

Child – Follow up Visit (Date:)

Has the child been admitted to Hospital in the past 6 months? Yes No

If Yes, what for?

WHO Staging	Yes	No
Stage 1 Persistent Generalised Lymphadenopathy (PGL)		
Other:		
Stage 2 Weight loss or failure to thrive		
 Persistant, recurrant, refractory Candidiasis		
 Unexplained chronic diarrhoea		
 Persistant fever		
 Recurrent severe bacterial infections		
Other:		
Stage 3 Severe failure to thrive (Wt <60% expected)		
 Progressive encephalopathy		
 Malignancy		
 Recurrent septicaemia or meningitis		
 AIDS defining illness		
Specify:		

Immunological Classification

Immunologic Category	Age of Child					
	< 12 months		1-5 years		6-12 yrs	
CD4	µL	%	µL	%	µL	%
No Evidence of suppression	≥ 1500	(≥25)	≥ 1000	(≥25)	≥ 500	(≥25)
Moderate Suppression	750-1499	(15-24)	500-999	(15-24)	200- 499	(15-24)
Severe Suppression	<750	(<15)	< 500	(<15)	< 200	(<15)

Medication Changes.

Category	Drug Name	Start (mm/yy)	End (mm/yy)	Reason for stopping
ART				
ART				
ART				
ART				

Patient Name:

Please supply results of recent tests on file.

Pathology Tests	Result	Date
CD4 (count & %)		
Viral Load (on ART)		
Hb		
ALT		

Examination

Date _____

Weight _____ kg

Weight change over time?

Height _____ cm

Head Circumference _____ cm

Body Surface Area _____ m²

$$\sqrt{\{[\text{mass (Kg)} \times \text{length (cm)}] \div 3600\}}$$

Temperature _____

Pulse Rate _____

Other Clinical signs:

Primary Diagnosis at this Visit:

Other diagnoses at this visit:

Patient Name: