AIDS REGISTRY

Patient #_____ Sex_____ Age_____

Race_____ Census Tract _____

Date onset of symptoms_____

Date diagnosis _____

Where diagnosed: City_____ Hospital_____

RISK FACTORS

Homosexual male _____

IV Drug Abuser _____

Hemophiliac _____

Haitian _____

Transfusion _____ -- When_____

Type product _____ # Units _____

CLINICAL MANIFESTATIONS			Date Diagnosed
Neoplasm	Kaposi's sarcoma	_____	_____
	CNS Lymphoma	_____	_____
	Other	_____	_____
Opportunistic Infection	Pneumocystis pneumonia	_____	_____
	Cryptococcal pneumonia	_____	_____
	Meningitis	____	_____
	Mycobacterial:		
	T.B.	____	_____
	MAI	____	_____
	Other fungal	____	_____
	Other parasitic	____	_____
	Other viral	____	_____
	Other bacterial	____	_____

CLINICAL MANIFESTATIONS cont. Date diagnosed

Benign Lymphadenopathy _____ _____

CNS Syndrome
Specify _____ _____ _____

PROCEDURES Date performed

Lymph node biopsy _____ _____

Skin biopsy _____ _____

Lung biopsy _____ _____

Other biopsy _____ _____

Pulm. Func. Stdies. _____ _____

AIDS REGISTRY

Patient initials_____ Patient #_____

Sex_____ Age_____ Race_____ Census tract_____

Date onset of symptoms_____ Date diagnosis_____

Where diagnosed: City_____ Hospital_____

RISK FACTORS

Homosexual male_____

IV Drug Abuser_____

Hemophiliac _____

Haitian _____

Transfusion_____ When_____

Type product_____ # Units_____

Other_____ HBsAg_____ HBsAb _____ HBcAb_____

CLINICAL MANIFESTATIONS

Primary mode of presentation

Pulmonary _____ Fever/systemic_____

G.I. _____ Cutaneous_____

CNS _____

Diagnoses	Date of dx.	Primary site of infection
Neoplasm		
Kaposi's sarcoma	_____	_____
CNS Lymphoma	_____	_____
Other	_____	_____
Opportunistic Infection		
Protozoal		
Pneumocystis	_____	_____
Toxoplasmosis	_____	_____
Cryptosporid.	_____	_____
Isospora	_____	_____
Other	_____	_____
Fungal		
Candida thrush	_____	_____
esophageal	_____	_____
disseminated	_____	_____
Cryptococcus	_____	_____
Histoplasmosis	_____	_____
Coccidiodomycosis	_____	_____

	Date of dx.	Primary site of infection
Bacterial		
Avium intracell.		
M. tuberculosis		
Nocardia		
Legionella		
Viral		
CMV		
Herpes simplex (p 1 mo.)		
Adenovirus		
Benign Lymphadenopathy		

PROCEDURES

	Date performed
Lymph node biopsy	
Skin biopsy	
Lung biopsy	
Other biopsy	
Pulm. Func. studies	
LP	
CT (head)	

AIDS REGISTRY

I. IDENTIFICATION

A. Chart Complete_____

B. Additional Info At:

Private M.D._____

Hospital_____

Pt. Hospital #_____

C. Additional Info

Obtained_____

D. Dates of Registry

Review_____, _____

_____

E. Name_____

F. ID Numbers

1. Public Health #_____
2. UCSF unit #_____
3. SFGH B#_____

G. Sex_____

H. Age At Diagnosis_____

I. Dates

1. Date of birth_____
2. Onset of symptoms_____
3. Diagnosis: KS_____ PCP____

Other_____

4. Date reported to CDC_____
5. Last seen alive_____
6. Death_____

J. Where Initially Diagnosed

1. City_____
2. Hospital_____

K. Research Study Enrollment

1. Clinical Research
   a. vinblastine_____
   b. alpha interferon_____
   c. gamma interferon_____
   d. interleukin-2_____
   e. ICRF-159_____
   f. other_____
2. Epidemiology_____
3. CDC surveillance_____
4. other_____

L. Autopsy

_____requested

_____authorized

_____performed

_____report in chart

II. Chief Complaint_____

_____

_____

III. PAST MEDICAL HISTORY

	Date of Dx		Date of Dx
A. Viral			
1. Herpes		7. Venereal warts_____	_____
a) Labial_____	_____	8. Mono_____	_____
b) Genital_____	_____	9. Viral Pneumonia_____	_____
2. Herpes zoster_____	_____	10. Adenovirus_____	_____
3. Hepatitis A_____	_____	11. Other_____	_____
4. Hepatitis B_____	_____		
5. Hepatitis non-A, non-B_____	_____		
6. Hepatitis (type unknown)_____	_____		
B. Parasitic			
1. Pediculosis_____	_____	6. Pneumocystis_____	_____
2. Scabies_____	_____	7. Cryptosporidium_____	_____
3. Giardia_____	_____	8. Malaria_____	_____
4. Amoebiasis (histolytica)_____	_____	9. Toxoplasmosis_____	_____
5. Nonpathogenic amoeba_____	_____	10. Other_____	_____
C. Yeast/Fungal			
1. Candida		3. Cryptococcus_____	_____
a. oral_____	_____	4. Nocardia_____	_____
b. anal_____	_____	5. Tinea versicolor_____	_____
c. esophageal_____	_____	6. Other_____	_____
d. disseminated_____	_____		
D. Bacterial			
1. GC_____	_____	7. Campylobacter_____	_____
2. Syphilis_____	_____	8. Non-specific urethritis_____	_____
3. M. Tuberculosis_____	_____	9. Impetigo_____	_____
4. M. avium intracellulare_____	_____	10. Folliculitis_____	_____
5. Shigella_____	_____	11. Staph_____	_____
6. Salmonella_____	_____	12. Legionella_____	_____
		13. Other_____	

E. Hereditary or Allergic — Date of Dx

1. Asthma_____ _____
2. Allergies to:
   PCN_____ _____
   Sulfa_____ _____
   Contrast material _____ _____
   Other drugs_____ _____

F. Cancer

1. Oral squamous cell carcinoma_____ _____
2. Anal squamous cell carcinoma_____ _____
3. Other squamous cell carcinoma site_____ _____
4. CNS lymphoma_____ _____
5. Non-Hodgkin's lymphoma_____ _____
6. Kaposi's sarcoma_____ _____
7. Other cancer/type_____ _____

G. Transfusions

Type of Product	Date		Date
a. whole blood	_____	g. platelets	_____
b. packed cells	_____	h. immune serum globulin	_____
c. plasma	_____		
d. cryoprecipitate	_____	i. HBIG	_____
e. factor viii	_____	j. other	_____
f. factor ix	_____	k. unknown	_____

IV. SOCIAL HISTORY

A. Occupation_____

B. Ethnic Origin

1. African_____
2. Caribbean_____
3. East European_____
4. Haitian_____
5. Italian_____
6. Jewish_____
7. Other_____
8. Unknown_____

C. Race

1. White_____
2. Black_____
3. Asian/Pacific Islander_____
4. American Indian_____
5. Hispanic_____
6. Unknown_____

D. Travels

(Within Last 5 Years)	Travel	Sexual Contact
1. Caribbean	_____	_____
2. Africa	_____	_____
3. Europe	_____	_____
4. Elsewhere out of U.S.	_____	_____
5. New York	_____	_____

E. Habits

1. Cigarettes
   a. _____ppd
   b. _____# yrs
   c. still smoke_____

2. Alcohol
   a. _____amt
   b. _____ # yrs
   c. still drink_____

3. Recreational drugs — Frequency Codes

Marijuana	0	1	2	3	4	*0=never
Cocaine	0	1	2	3	4	1=rare (<once/yr)
Nitrates	0	1	2	3	4	2=infrequent
Opiates	0	1	2	3	4	(once 6/mos to once/yr)
Hallucinogens	0	1	2	3	4	3=occasional
Amphetamines	0	1	2	3	4	(once/mo to once 6 mos)
Barbiturates	0	1	2	3	4	4=frequent
Other	0	1	2	3	4	(>once/mo)

F. Sexual Lifestyle

1. % homosexual contacts_____
2. Present relationship *see frequency codes
   a. monogamous_____
   b. rare other partners_____ 0 1 2 3 4
   c. occasional other partners_____ 0 1 2 3 4
   d. frequent other partners_____ 0 1 2 3 4
3. Number of contacts/lifetime_____
4. % bathhouse contacts_____
5. Fisting_____
6. Ever known an AIDS patient_____
7. Ever had sexual contact with an AIDS patient_____; Date_____

V. SYSTEM REVIEW

1. GENERAL	Yes	Date (if known)	No	Unknown	Duration/Comments
Unintentional weight loss: a. <10 lbs	[]	_____	[]	[]	_____
b. >10 lbs	[]	_____	[]	[]	_____
gain: a. <10 lbs	[]	_____	[]	[]	_____
b. >10 lbs	[]	_____	[]	[]	_____
Fatigue	[]	_____	[]	[]	_____
Allergies	[]	_____	[]	[]	_____
Headache	[]	_____	[]	[]	_____
Fever a) >100° x 2 weeks	[]	_____	[]	[]	_____
b) low grade fever	[]	_____	[]	[]	_____
Chills	[]	_____	[]	[]	_____
Night sweats	[]	_____	[]	[]	_____
Vitamin use	[]	_____	[]	[]	_____
2. EYE					
Loss/blurring of vision	[]	_____	[]	[]	_____
3. EARS					
Hearing loss	[]	_____	[]	[]	_____
4. NOSE AND THROAT					
Nasal obstruction/discharge	[]	_____	[]	[]	_____
Sinusitis	[]	_____	[]	[]	_____
Tooth/gum trouble	[]	_____	[]	[]	_____
Dysphagia	[]	_____	[]	[]	_____
Oral candida	[]	_____	[]	[]	_____
Oral herpes	[]	_____	[]	[]	_____
5. CARDIORESPIRATORY					
Dyspnea on exertion	[]	_____	[]	[]	_____
Shortness of breath	[]	_____	[]	[]	_____
Wheezing	[]	_____	[]	[]	_____
Productive cough	[]	_____	[]	[]	_____
Non-productive cough	[]	_____	[]	[]	_____
Sputum	[]	_____	[]	[]	_____
Hemoptysis	[]	_____	[]	[]	_____
Chest pain	[]	_____	[]	[]	_____
Murmurs	[]	_____	[]	[]	_____
Edema	[]	_____	[]	[]	_____
Abnormal ECG	[]	_____	[]	[]	_____
Abnormal X-ray	[]	_____	[]	[]	_____

	Yes	Date (if known)	No	Unknown	Duration/Comments
6. NEUROLOGICAL					
Seizures	[]	_____	[]	[]	_____
Neurologic deficits	[]	_____	[]	[]	_____
Bell's palsy	[]	_____	[]	[]	_____
7. GASTROINTESTINAL					
Anorexia	[]	_____	[]	[]	_____
Nausea/vomiting	[]	_____	[]	[]	_____
Constipation/laxative use	[]	_____	[]	[]	_____
Change in bowel habits	[]	_____	[]	[]	_____
Diarrhea or dysentery	[]	_____	[]	[]	_____
Abnormal stool	[]	_____	[]	[]	_____
Hematemesis	[]	_____	[]	[]	_____
Hematochaezia	[]	_____	[]	[]	_____
Melena	[]	_____	[]	[]	_____
Hemorrhoids	[]	_____	[]	[]	_____
Abdominal pain	[]	_____	[]	[]	_____
Jaundice or hepatitis	[]	_____	[]	[]	_____
8. MUSCULOSKELETAL					
Myalgia	[]	_____	[]	[]	_____
9. HEMATOPOIETIC					
Anemia	[]	_____	[]	[]	_____
Bruising	[]	_____	[]	[]	_____
Abnormal bleeding	[]	_____	[]	[]	_____
10. INTEGUMENT					
Skin trouble or rash	[]	_____	[]	[]	_____
Suspicious KS lesions	[]	_____	[]	[]	_____
Pruritis	[]	_____	[]	[]	_____
Hair changes	[]	_____	[]	[]	_____
Shingles (herpes zoster)	[]	_____	[]	[]	_____
11. URINARY					
Hematuria	[]	_____	[]	[]	_____
Infection/stone	[]	_____	[]	[]	_____

	Yes	Date (if known)	No	Unknown	Duration/Comments
12. GENITO REPRODUCTIVE					
Change in sexual activity	[]	_____	[]	[]	_____
Venereal disease (specify)	[]	_____	[]	[]	_____
Venereal wart	[]	_____	[]	[]	_____

VI. PHYSICAL EXAM

Ht_____ Wt_____ Pulse_____/min Resp_____/min Temp_____ BP_____

1. GENERAL APPEARANCE_____

_____

	Yes	No	Not Done	Comments
2. HEAD				
a. Deformities	[]	[]	[]	_____
3. SKIN				
a. Normal texture, turgor, temperature	[]	[]	[]	_____
b. Lesions of discoloration	[]	[]	[]	_____
c. Number of lesions	___		[]	_____
d. Distribution of lesions				
1. Head	[]	[]	[]	_____
2. Face	[]	[]	[]	_____
3. Behind ear	[]	[]	[]	_____
4. Mouth	[]	[]	[]	_____
5. Trunk	[]	[]	[]	_____
6. Upper extremities	[]	[]	[]	_____
7. Lower extremities	[]	[]	[]	_____
8. Plantar foot	[]	[]	[]	_____
e. Tinea				
1.pedis	[]	[]	[]	_____
2. versicolor	[]	[]	[]	_____
3. cruris	[]	[]	[]	_____
f. Seborrhea	[]	[]	[]	_____
g. Acne	[]	[]	[]	_____
h. Folliculitis	[]	[]	[]	_____
i. Other abnormal_____	[]	[]	[]	_____
j. Normal	[]	[]	[]	_____

	YES	NO	NOT DONE	COMMENTS
4. LYMPH NODES				
a. Occipital	[]	[]	[]	_____
b. Anterior Cervical	[]	[]	[]	_____
c. Posterior Cervical	[]	[]	[]	_____
d. Pre auricular	[]	[]	[]	_____
e. Post auricular	[]	[]	[]	_____
f. Submental	[]	[]	[]	_____
g. Submandibular	[]	[]	[]	_____
h. Right supraclavicular	[]	[]	[]	_____
i. Left supraclavicular	[]	[]	[]	_____
j. Right axillary	[]	[]	[]	_____
k. Left axillary	[]	[]	[]	_____
l. Right epitrochlear	[]	[]	[]	_____
m. Left epitrochlear	[]	[]	[]	_____
n. Right inguinal	[]	[]	[]	_____
o. Left inguinal	[]	[]	[]	_____
p. Right femoral	[]	[]	[]	_____
q. Left femoral	[]	[]	[]	_____
r. Right popliteal	[]	[]	[]	_____
s. Left popliteal	[]	[]	[]	_____
t. Iliac retroperitoneal	[]	[]	[]	_____
5. EYES				
a. Vision grossly intact	[]	[]	[]	_____
b. Pupils rt_____ mm_____	[]	[]	[]	_____
left_____ mm_____	[]	[]	[]	_____
c. Pupils round, regular	[]	[]	[]	_____
d. Extraocular muscles intact	[]	[]	[]	_____
e. Lids, conjunctivae, sclerae normal	[]	[]	[]	_____
f. Discs not elevated, margins distinct	[]	[]	[]	_____
g. Hemorrhages or exudates	[]	[]	[]	_____
h. Cotton wool spots	[]	[]	[]	_____

	Yes	No	Not Done	Comments
6. EARS				
a. External ear normal	[]	[]	[]	_____
b. Canals clear	[]	[]	[]	_____
c. Tympanic membranes intact	[]	[]	[]	_____
d. Hearing grossly intact	[]	[]	[]	_____
7. ORAL CAVITY				
a. Mucosa pink and moist	[]	[]	[]	_____
b. Hygiene good, teeth in good repair	[]	[]	[]	_____
c. Tonsillar enlargement	[]	[]	[]	_____
d. Suspicious KS lesions	[]	[]	[]	_____
e. Candida	[]	[]	[]	_____
f. Herpes	[]	[]	[]	_____
8. NECK				
a. Supple	[]	[]	[]	_____
9. CHEST				
a. Deformities	[]	[]	[]	_____
b. Lungs normal to inspection	[]	[]	[]	_____
c. Lungs normal to palpation	[]	[]	[]	_____
d. Lungs normal to percussion	[]	[]	[]	_____
e. Lungs normal to auscultation	[]	[]	[]	_____
10. HEART				
a. S1 & S2 heard in valve area	[]	[]	[]	_____
b. Murmur of pathologic sounds	[]	[]	[]	_____
11. ABDOMEN				
a. Scaphoid	[]	[]	[]	_____
b. Scars	[]	[]	[]	_____
c. Tenderness or rigidity	[]	[]	[]	_____
d. Enlarged spleen	[]	[]	[]	_____
e. Enlarged liver	[]	[]	[]	_____
f. Normal bowel sounds	[]	[]	[]	_____

	Yes	No	Not Done	Comments
12. RECTAL				
a. Hemorrhoids	[]	[]	[]	_____
b. Prostate, symmetrical, normal size and consistency	[]	[]	[]	_____
c. Tissue	[]	[]	[]	_____
d. Ulcerative lesion	[]	[]	[]	_____
e. Herpes	[]	[]	[]	_____
f. Warts	[]	[]	[]	_____
g. Candida	[]	[]	[]	_____
h. Lesions	[]	[]	[]	_____
13. GENITALIA				
a. Penile lesions	[]	[]	[]	_____
b. Urethral meatus normal	[]	[]	[]	_____
c. Scrotal contents normal	[]	[]	[]	_____
d. Herpes	[]	[]	[]	_____
e. Warts	[]	[]	[]	_____
f. Ulceration	[]	[]	[]	_____
g. Fissure	[]	[]	[]	_____
14. NEUROLOGICAL EXAMINATION				
a. Appearance & behavior appropriate	[]	[]	[]	_____
b. Level of consciousness normal	[]	[]	[]	_____
c. Speech normal	[]	[]	[]	_____
d. Affect normal	[]	[]	[]	_____
e. Sensory normal	[]	[]	[]	_____
f. Motor normal	[]	[]	[]	_____
g. Mentation normal	[]	[]	[]	_____
h. Oriented to time, place, person, purpose	[]	[]	[]	_____

15. CRANIAL NERVES

R	L			YES	NO	NOT DONE
[]	[]	a. II	- Visual acuity grossly normal	[]	[]	[]
[]	[]	b. V	- facial sensation (3 divisions) intact	[]	[]	[]
[]	[]		- Masseter strength normal	[]	[]	[]
[]		c. VII	- Facial symmetry normal	[]	[]	[]
[]	[]		- Facial muscle strength normal	[]	[]	[]
[]	[]	d. VIII	- Hearing normal (watch tick)	[]	[]	[]
[]			- Weber not lateralizing	[]	[]	[]
[]	[]		- Rinne: Air) bone	[]	[]	[]
[]	[]	e. IX,X	- Swallows normally	[]	[]	[]
[]	[]		- Gag present	[]	[]	[]
[]			- Uvula midline	[]	[]	[]
[]	[]	f. XI	- Trapezius and sternocleidomastoid strength	[]	[]	[]
[]	[]	g. XII	- Tongue muscle strength normal	[]	[]	[]
[]	[]		- No tongue muscle fasciculations or atrophy	[]	[]	[]
SENSORY:						
[]	[]	Pin normal		[]	[]	[]
[]	[]	Position normal		[]	[]	[]
[]	[]	Vibration normal		[]	[]	[]
MENINGEAL SIGNS:						
	[]	Neck supple		[]	[]	[]
	[]	No Brudzinski/Kernig		[]	[]	[]
MOTOR FUNCTION:						
[]	[]	No muscle atrophy		[]	[]	[]
[]	[]	Tone normal and equal		[]	[]	[]
[]	[]	Strength normal and equal		[]	[]	[]
[]	[]	No tremor or involuntary movements		[]	[]	[]
[]	[]	No fasciculations		[]	[]	[]
[]	[]	Gait normal		[]	[]	[]

CEREBELLAR:

[]	[]	Finger to nose normal	[]	[]	[]
[]	[]	Heel to shin normal	[]	[]	[]
[]	[]	Rapid alternating movements normal	[]	[]	[]
[]	[]	No intention tremor	[]	[]	[]
[]	[]	No hystagmus	[]	[]	[]

Tendon Reflexes: (0 - absent; 1+ = decreased; 2+ - normal;
3+ - increased; 4+ - clonus)

	Biceps	Triceps	Knee	Ankle
Right	+2	+2	+2	
Left	+2	+2	+2	

Pathologic Reflexes:

Babinski	R	L
	+	+

Comments

VII. LABS

A. Blood Chemistry

1. Date_____
2. BUN_____
3. Creatinine_____
4. Glucose_____
5. Uric Acid_____
6. T. Bili_____
7. D. Bili_____
8. I. Bili_____
9. TP_____
10. Albumin_____
11. Globulin_____
12. Calcium_____
13. Alk Phos_____
14. LDH_____
15. ASTOT (SGOT)_____
16. ALT-PT (SGPT)_____
17. Chol_____
18. Iron_____

B. Hematology I

a. Date_____
b. WBC_____
c. Hgb_____

C. Hematology II

a. Date_____
b. Sed rate_____

D. Differential Morphology

1. % PMN_____
2. % band_____
3. % eos_____
4. % baso_____
5. % lymph_____
6. % alymph_____
7. % mono_____
8. % ovalocytes_____

E. Serology/Virology

1. Hepatitis
   a. date_____
   b. HBsAG_____
   c. HBsAb_____
   d. HBcAb_____
2. VDRL/RPR
   a. date_____
   b. result_____
3. CMV
   a. date_____
   b. serum IgG_____
   c. serum IgM_____
   d. culture:
      i. serum_____
      ii. semen_____
      iii. urine_____
      iv. throat_____
      v. lung_____
      vi. other tissue
      _____
4. Epstein-Barr Virus
   a. date_____
   b. IgM-VCA_____
   c. IgA-VCA_____
   d. IgG-VCA_____
   e. EA-D_____
   f. EA-R_____
   g. EBNA_____

F. Cellular Immunity Studies

1. Date_____
2. WBC_____
3. % lymphs_____
4. # helpers_____
5. # suppressors_____
6. % helpers_____
7. % suppressors_____
8. H/S ratio_____

G. Skin Tests for Delayed Hypersensitivity

1. CMI Multitest
   a. tetanus_____
   b. diptheria_____
   c. streptococcus_____
   d. tuberculin_____
   e. control_____
   f. candida_____
   g. trichophyton_____
   h. proteus_____
2. SFGH Skin Test
   a. TB_____
   b. candida_____
   c. mumps_____
   d. coccidoidin_____

H. Humoral Immunity Studies

1. Date_____
2. Serum IgG_____
3. Serum IgM_____
4. Serum IgA_____
5. Serum IgE_____
6. Immune complex_____

I. Parasitology

1. Date of test_____
2. Overall neg. results_____
3. Entamoeba histolytica_____
4. Giardia lamblia_____
5. Dientamoeba fragilis_____
6. Balantidium coli_____
7. Isospora hominis_____
8. Isospora belli_____
9. Endolimax nana_____
10. Entamoeba coli_____
11. Entamoeba poecki_____
12. Entamoeba hartmanni_____
13. Iodamoeba butschili_____
14. Trichomonas hominis_____
15. Chilomastix masnili_____
16. Cryptosporidium_____
17. Plastocystis hominis_____

J. Chest X-ray

1. Date_____
2. Interstitial densities_____
3. Pleural effusions_____
4. Pneumonia_____
5. Other abnormal_____
6. Normal_____

K. CT Scan

1. Abdomen
   a. date_____
   b. enlarged liver_____
   c. enlarged spleen_____
   d. adenopathy_____
   e. other abnormal_____
   f. normal_____
2. Head
   a. date_____
   b. enhancing lesion_____
   c. demyelinating lesion_____
   d. other abnormal_____
   e. normal_____

L. Endoscopies

1. Upper
   a. date_____
   b. KS_____
   c. other abnormal_____
   d. normal_____
   e. biopsy result:
      i. KS_____
      ii. HSV_____
      iii. CMV_____
      iv. CA_____
      v. candida_____
      vi. colitis_____
      vii. other abnormal_____
      viii. normal_____
2. Lower
   a. date_____
   b. KS_____
   c. other abnormal_____
   d. normal_____
   e. biopsy result:
      i. KS_____
      ii. HSV_____
      iii. CMV_____
      iv. CA_____
      v. candida_____
      vi. other abnormal_____
      vii. normal_____

M. Bronchoscopies

1. date_____
2. KS_____
3. PCP_____
4. CMV_____
5. M. tuberculosis_____
6. M. avium intracellulare_____
7. cryptococcus_____
8. other OI_____
9. no DX_____
10. other abnormal_____
11. normal_____

N. Gallium Scan

1. date_____
2. increased uptake in lungs_____
3. other abnormal_____
4. normal_____

O. Pulmonary Function Tests

1. Date_____
2. Pulmonary vital capacity_____
3. Total lung capacity_____
4. Pulmonary diffusing capacity_____
5. PO_2_____
6. CO_2_____
7. pH_____
8. FiO_2_____

P. Skin Biopsy

1. Date_____
2. Result: (KS: pos, neg)
   a. face_____
   b. trunk_____
   c. upper extremities_____
   d. lower extremities_____
   e. hard palate_____
   f. other_____

Q. Lymph Node Biopsy

1. Date_____
2. Result: (KS, reactive hyperplasia, normal)
   a. cervical_____
   b. axillary_____
   c. lymph node_____
   d. other_____

R. Lumbar Puncture

1. Date_____
2. Results:

a. Chemistry

i. WBC_____
ii. RBC_____
iii. glucose_____
iv. total protein_____

b. Culture

i. AFB smear
ii. culture
iii. granuloma

S. Bone Marrow

1. Date_____
2. Result

a. morphology

i. erythroid hyperplasia_____
ii. myeloid hyperplasia_____
iii. iron stores decreased_____
iv. other abnormal_____
v. normal_____

b. culture

i. AFB smear_____
ii. culture_____
iii. granuloma_____

VIII. Therapy planned:

1. KS_____
_____
2. Other malignancy_____
_____
3. PCP_____
_____
4. Other infection_____
_____
5. No therapy at this time (reason)_____
_____

AIDS REGISTRY

I. IDENTIFICATION

A. Chart Complete_____

B. Additional Info At:

Hospital_____;

Pt. Hospital #_____

C. Additional Info

Obtained_____

D. Dates of Registry

Review_____

E. Name_____

F. ID Numbers

1. Public Health #_____
2. UCSF unit #_____
3. SFGH B#_____

G. Sex_____

H. Age At Diagnosis_____

I. Dates

1. Date of birth_____
2. Onset of symptoms_____
3. Diagnosis_____
4. Last seen alive_____
5. Death_____

J. Where Initially Diagnosed

1. City_____
2. Hospital_____

II. Chief Complaint

III. History of Present Illness

A. Weight Loss > 10 Lbs. _____

B. Fever ≥ 100° x 2 Weeks_____

C. Night Sweats > 2 Weeks_____

D. Swollen Lymph Nodes_____

E. Fatigue_____

F. Loss of Weight_____

G. Diarrhea_____

H. Gas_____

I. Productive Cough_____

J. Nonproductive Cough_____

K. SOB_____

L. DOE_____

M. Headaches_____

N. Seizures_____

O. Neurologic Deficits_____

P. Bell's Palsy_____

Q. Skin Lesions_____

R. Rash or Spots on Body_____

S. Shingles (Herpes Zoster)_____

T. Severe HSV_____

U. Candida - Oral_____

V. Candida - Anal_____

IV. PAST MEDICAL HISTORY

A. Viral

1. Herpes I or II_____
2. Herpes zoster_____
3. Hepatitis A_____
4. Hepatitis B_____
5. Hepatitis non-A, non-B_____
6. Warts_____
7. Mono_____
8. CMV_____
9. Viral Pneumonia_____
10. Other_____

B. Parasitic

1. Pediculosis_____
2. Scabies_____
3. Giardia_____
4. Amoebiasis (histolytica)_____
5. Nonpathogenic amoeba_____
6. Pneumocystis_____
7. Cryptosporidium_____ oldborn organism
8. Malaria_____
9. Toxoplasmosis_____
10. Other_____

C. Yeast/Fungal

1. Thrush_____
2. Perianal yeast_____
3. Cryptococcosis_____
4. Nocardia_____
5. Tinea versicolor_____
6. Other_____

D. Bacterial

1. GC_____
2. Syphilis_____
3. TB
4. Mycobacteria_____
5. Shigella_____
6. Salmonella_____
7. Campylobacter_____ ~~June~~ jun jejuni
8. NSU_____
9. Impetigo_____
10. Folliculitis_____
11. Staph_____

E. Hereditary or Allergic

Asthma_____

F. Cancer

1. Oral squamous cell carcinoma_____
2. Anal squamous cell carcinoma_____
3. Other squamous cell carcinoma site_____
4. CNS lymphoma_____
5. Non-Hodgkins lymphoma_____
6. Other cancer/type_____

7.) K.S.

G. Transfusions

1. Date_____

2. Type of product_____

V. SOCIAL HISTORY

A. Occupation _____

B. Ethnic Origin

1. African_____
2. Caribbean_____
3. East European_____
4. Haitian_____
5. Italian_____
6. Jewish_____
7. Other_____
8. Unknown_____

C. Race

1. White_____
2. Black_____
3. Asian/Pacific Islander_____
4. American Indian_____
5. Hispanic_____
6. Unknown_____

D. Travels

(Within Last 5 Years)	Travel	Sexual Contact
1. Caribbean	_____	_____
2. Africa	_____	_____
3. Europe	_____	_____
4. Elsewhere out of U.S.	_____	_____
5. New York	_____	_____

E. Habits

1. Cigarettes

a. _____ppd

b. _____yrs

c. still smoke_____

2. Alcohol

3. Recreational drugs

a. frequency of marijuana use_____

b. frequency of nitrate use_____

c. frequency of cocaine use_____

d. any use of other drugs_____

e. ever used IV drugs_____

F. Sexual Lifestyle

1. % homosexual contacts_____

2. Present relationship_____

a. monogamous_____

b. rare other partners_____

c. occasional other partners_____

d. frequent other partners_____

3. Number of contacts/lifetime_____

4. % bathhouse contacts_____

5. Fisting_____

6. Ever known an AIDS patient_____

7. Ever had sexual contact with an AIDS patient_____

VI. PHYSICAL EXAM

A. General

1. Appearance_____

2. Weight_____

B. Eyes

1. Cotton wool spots_____

2. Exudates_____

3. Fundi_____

4. Other abnormal_____

5. Normal_____

C. Throat, mouth

1. Mucosa_____
2. Candida_____
3. KS palate_____
4. Other abnormal_____
5. Normal_____

D. Lymph Nodes

1. Occipital_____
2. Cervical_____
3. Auricular_____
4. Submental_____
5. Submandibular_____
6. Anterior cervical_____
7. SCL_____
8. Axillary_____
9. Epitrochlear_____
10. Inguinal_____
11. Femoral_____
12. Popliteal_____

E. Abdomin

1. Enlarged liver_____
2. Enlarged spleen_____
3. Other abnormal_____
4. Normal_____

F. Genitalia

1. Herpes_____
2. Warts_____
3. Normal_____
4. Other abnormal_____

G. Rectal

1. Warts_____
2. Candida_____
3. Other abnormal_____
4. Normal_____

H. Neurological_____

I. Skin

1. KS

a. number of lesions_____

b. distribution (location of lesions)

(1) behind ear_____

(2) plantar foot_____

(3) mouth_____

(4) face_____

(5) trunk_____

(6) upper extremities_____

(7) lower extremities_____

2. tinea versicolor_____

3. other abnormal_____

4. normal_____

VII. LABS

A. Blood Chemistry

1. Date_____

2. Glucose_____

3. Albumin_____

4. Cholesterol_____

5. Iron_____

B. Hematology

1. Date_____

2. WBC_____

3. Hgb_____

4. HCT_____

5. Platelet_____

6. Eos % _____

7. Basos % _____

8. Polys % _____

9. Lymphs %_____

10. Monos % _____

11. Sed rate_____

12. ANA_____

C. Helper-Suppressor Studies

1. Date_____

2. WBC_____

3. % lymphs_____

4. # helpers_____

5. # suppressors_____

6. % helpers_____

7. % suppressors_____

8. H/S ratio_____

D. Serum Immunoglobulin Levels

1. Date_____

2. Serum IgG_____

3. Serum IgM_____

4. Serum IgA_____

5. Serum IgE_____

6. Immune complex_____

E. Immunology/Virology

1. CMV_____

   a. date_____

   b. serum IgG_____

   c. serum IgM_____

   d. serum?_____

   e. semen?_____

   f. urine?_____

2. Epstein-Barr Virus

   a. date_____

   b. IgA_____

   c. IgG-VCA_____

   d. EA-D_____

   e. EA-R_____

   f. EBNA_____

3. Hepatitis

   a. date_____

   b. HBsAg_____

   c. HBsAb_____

   d. HBcAb_____

4. VDRL

   a. date_____

   b. result_____

F. Parasitology

1. Date of test_____
2. Overall result_____
3. Entamoeba histolytica_____
4. Giardia lamblia_____
5. Dientamoeba fragilis_____
6. Balantidium coli_____
7. Isospora hominis_____
8. Isospora belli_____
9. Endolimax nana_____
10. Entamoeba coli_____
11. Entamoeba poecki_____
12. Entamoeba hartmanni_____
13. Iodamoeba_____
14. Trichomonas hominis_____
15. Chilomastix masnili_____

G. Chest X-ray

1. Date_____
2. Interstitial densities_____
3. Pleural effusions_____
4. Pneumonia_____
5. Other abnormal_____
6. Normal_____

H. CT Scan

1. Date_____
2. Enlarged liver_____
3. Enlarged spleen_____
4. Adenopathy_____
5. Other abnormal_____

I. Endoscopies

1. Upper
   a. date_____
   b. KS_____
   c. other abnormal_____
   d. normal_____
   e. biopsy
2. Lower
   a. date_____
   b. KS_____
   c. other abnormal_____
   d. normal_____
   e. biopsy_____

J. Bronchoscopies

1. Date_____
2. KS_____
3. PCP_____
4. CMV_____

K. Gallium Scan

1. Date_____
2. Result_____

L. Pulmonary Function Tests

1. Date_____
2. Pulmonary Vital Capacity_____
3. Total lung capacity_____
4. Pulmonary diffusing capacity_____

M. Skin Biopsy

1. Date_____
2. Result: (KS: pos, neg)
   a. face_____
   b. trunk_____
   c. upper extremities_____
   d. lower extremities_____
   e. hard palate_____
   f. other_____

N. Lymph Node Biopsy

1. Date_____

2. Result (KS, reactive hyperplasia, normal)

a. cervical_____

b. axillary_____

c. lymph node_____

d. other_____

O. Lumbar Puncture

1. Date_____

2. Result_____

P. Bone Marrow

1. Date_____

2. Result_____

Q. Skin Testing

1. Date_____

2. PPD_____

3. Mumps_____

4. Candida_____

5. Coccidoidin_____

VIII. OUTCOMES

A. Therapy for Kaposi's Sarcoma

1. 1st Therapy

a. type of therapy_____

b. date of start_____

c. nature of best response_____

d. date of CR or PR_____

e. date of relapse_____

f. date of discontinuation_____

g. pneumocystis pneumonia?_____

h. mycobacterium avium intra?_____

i. tuberculosis?_____

j. cryptosporidiosis?_____

k. cryptococcus?_____

l. cryptococcus?_____

m. toxoplasmosis?_____

2. 2nd Therapy

a. type of therapy_____

b. date of start_____

c. nature of best response_____

d. date of CR or PR_____

e. date of relapse_____

f. date of discontinuation_____

g. pneumocystis pneumonia?_____

h. mycobacterium avium intra?_____

i. tuberculosis?_____

j. cryptosporidiosis?_____

k. cryptococcus?_____

l. cryptococcus?_____

m. toxoplasmosis?_____

3. 3rd Therapy

a. type of therapy_____

b. date of start_____

c. nature of best response_____

d. date of CR or PR_____

e. date of relapse_____

f. date of discontinuation_____

g. pneumocystis pneumonia?_____

h. mycobacterium avium intra?_____

i. tuberculosis?_____

j. cryptosporidiosis?_____

k. cryptococcus?_____

l. cryptococcus?_____

m. toxoplasmosis?_____

4. 4th Therapy

a. type of therapy_____

b. date of start_____

c. nature of best response_____

d. date of CR or PR_____

e. date of relapse_____

f. date of discontinuation_____

g. pneumocystis pneumonia?_____

h. mycobacterium avium intra?_____

i. tuberculosis?_____

j. cryptosporidiosis?_____

k. cryptococcus?_____

l. cryptococcus?_____

m. toxoplasmosis?_____

AIDS SCREENING PROJECT

PART I

Name:_____ Race:_____

Date:_____ Address:_____

Age:_____ Sex:_____ _____

_____

Referral source:_____

Phone:_____

_____

****

PART II

MEDICATIONS:

Are you presently on any medications? Yes_____ No_____
If yes, please list:

ALLERGIES:

Have you ever had an "allergic reaction" to drugs? Yes_____ No_____
If so, please list types:

PAST MEDICAL HISTORY:

Surgery? Type: Date:

Transfusions or blood products? Yes_____ No_____ Date:

Plasmaphoresis donor (blood donor)? Yes_____ No_____ Date(s):

Received steroids? Yes_____ No_____

Have you had all childhood immunizations? Yes_____ No_____

Which childhood diseases have you had? (Please list with approximate dates)

Medical illnesses:

Have you had any of the following? If yes, please give date and treatment.

Illness	Yes	No	Date	Treatment
Viral:				
Herpes I (cold sore)	____	____	_____	_____
Herpes II (genital herpes)	____	____	_____	_____
Herpes Zoster (shingles)	____	____	_____	_____
Hepatitis A	____	____	_____	_____
Hepatitis B	____	____	_____	_____
Hepatitis Non-A/Non-B	____	____	_____	_____
Parasitic:				
Giardia	____	____	_____	_____
Amoebiasis (histolytica)	____	____	_____	_____
Non-pathogenic amoeba	____	____	_____	_____
Pneumocystis	____	____	_____	_____
Cryptosporidium	____	____	_____	_____
Yeast/Fungal:				
Thrush	____	____	_____	_____
Perianal yeast	____	____	_____	_____
Cryptococcosis	____	____	_____	_____
Bacterial:				
GC	____	____	_____	_____
Syphillis	____	____	_____	_____
TB or mycobacteria	____	____	_____	_____
Impetigo/folliculitis/ staph	____	____	_____	_____
Hereditary or allergic:				
Asthma	____	____	_____	_____
Diabetes	____	____	_____	_____
Thyroid disease	____	____	_____	_____
Kidney disease	____	____	_____	_____
Other (list)	____	____	_____	_____

Family history

Ethnic origin:

Travel history:

List places you have lived/traveled over the past five years.

Have you visited or lived in New York City in the past five years? Yes___ No____

How long did you live there if yes?_____

Did you have sexual contacts there? Yes_____ No_____

Social History

Occupation:

Medical Insurance? Yes_____ No_____ Type_____

Review of systems

For the following symptoms, please designate their presence by a + and their absence by a - . If the symptom is present, write the duration in the space provided.

___ Sores/patches in or near mouth_____

___ Sore throat_____

___ Sinus congestion_____

___Swollen glands_____

___Fever_____

___Unusual fatigue or weakness_____

___Rash or spots on body_____

___Loss of appetite _____

___Change in consistency of stool:_____
___constipation ___diarrhea ___bloody ___mushy

___Sores on penis/other genital area_____
___painful ___ not painful

___Genital itching or burning_____

___Cough_____
___ productive ___ non-productive

___Shortness of breath_____
___ resting ___ on exertion

___Night sweats_____

___Change in weight (unintentional)_____
___ gain ___ loss # pounds_____

___Poor circulation in hands or feet_____
___ numbness ____coldness

Sexual History

Usual sexual style (check one)

Compl. str._____ _____ 50/50 _____ _____ Compl. gay_____
1 2 3 4 5

What was your average number of different sexual partners per month:

last year (one year ago)_____
this year_____

Have you had any sexual or other intimate contact over the last two years with a person who has:

Lymphadenopathy _____
AIDS _____
Cancer_____
Unusual disease_____ Type_____

Habits

Cigarettes: _____ppd x _____years

Still smoke: Yes_____ No_____

Alcohol: Average # of drinks per week_____

Recreational drugs:

Type	Yes	No	times per month This yr.	Last yr.	No. yrs.
_____	____	_____	_____	_____	_____
Grass, THC, Hash	____	_____	_____	_____	_____
Hallucinogens	____	_____	_____	_____	_____
Narcotics	____	_____	_____	_____	_____
Poppers	____	_____	_____	_____	_____
Speed	____	_____	_____	_____	_____
Sedatives (valium, etc)	____	_____	_____	_____	_____
Have you ever injected drugs?	____	_____			
Have you ever shared needles?	____	_____			

PHYSICAL EXAMINATION

Check appropriate answer; if abnormal, elaborate.

I. Vital signs:

A. Temperature _____

B. Pulse _____

C. Respiration _____

D. Blood pressure _____

E. Weight _____

F. Height _____

II. Appearance:

A. Within normal limits _____

B. Acutely ill _____

C. Chronically ill _____

D. Well nourished _____

E. Thin/wasted _____

F. Cachectic _____

III. Head:

A. Normocephalic _____

B. Skull defects _____

C. Abnormal shape skull _____

IV. Eyes:

A. Fundi - nl____ abn_____

B. Pupils - equal, react, accomodate _____
unequal _____
don't react _____

C. EOM - nl _____
disconjugate _____
nystagmus _____

V. Ears:

A. Canals nl _____ abn_____

B. TMs nl _____ abn_____

VI. Nose:

nl _____ abn_____

Turbinates swollen _____

VII. Throat, mouth, teeth:

nl _____ abn_____ describe:

VIII. Neck:

Supple _____ nl _____ abn_____

Thyroid nl_____ abn_____

IX. Chest:

Symmetrical nl_____ abn_____

Expansion nl_____ abn_____

X. Lungs:

Percussion nl_____ abn_____

Auscultation nl_____ abn_____

rales_____ tubular/bronchial br. sounds _____
rhonci_____ egophony (e -- a) _____
wheezes_____ voc transmission abn_____

XI. Heart:

S1: nl_____ abn_____ split _____
S2: nl_____ abn_____ split_____

Murmur:_____ location_____ grade_____ radiation_____
Gallop:_____
Rub:_____
Rhythm: reg_____ irreg_____

XII. Abdomen:

Scaphoid_____ average_____ obese _____

Scars_____

Bowel sounds nl ↑ ↓

Organomegaly_____ liver_____ spleen _____ span_____

Mass _____ location_____ size_____

Tenderness_____ location_____

XIII. Genitalia:

MALE

circumsized_____ uncircumsized_____

Testes nl_____ abn_____
mass_____
tenderness_____
discharge_____
condyloma_____

FEMALE

Vulva nl_____ abn_____
Vagina nl_____ abn_____
Discharge nl_____ abn_____
Cervix nl_____ abn_____
Uterus nl_____ abn_____

XIV. Rectal:

Prostate nl_____ abn_____
mass_____
tenderness_____
discharge_____
perianal rash_____
condyloma_____

XVI. Extremities:
nl_____ abn_____
muscles nl_____ abn_____
muscles wasted_____
joints nl_____ abn_____

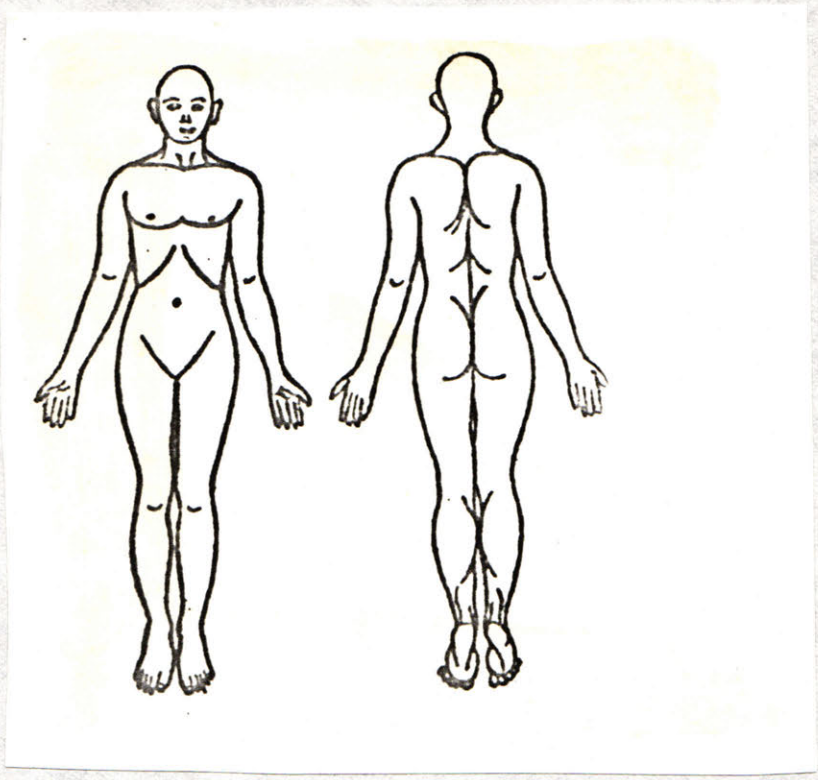
XVII. Lymph Nodes:
List present + absent -, approximate #, size of largest in cm.

	Right			Left		
	+/0	#	size	+/0	#	size
Occipital						
Postr. cervical						
Ant. cervical						
Supraclavicular						
Axillary						
Epitrochlear						
Inguinal						
Femoral						
Other _____						

XVIII. Neurological:
Mental status: nl_____ abn_____
Motor: nl_____ abn_____
Sensory (sharp & dull, vibratory): nl_____ abn_____
Cranial nerves: nl_____ abn_____
Reflexes: nl_____ abn_____ Babinsky: present_____ absent_____
Cerebral status (orientation, memory, etc.): nl_____ abn_____

XIX. Hair, Nails:
Hair nl_____ abn_____
Nails nl_____ abn_____

XX. Skin:
Rashes: _____ type_____
Diagram lesions: size in mm, color, macule, nodule, etc.
(see figure following page)



XXI. Diagnostic Impressions:

XXII. Initial Plan:

XXIII. Signed _____ M.D.

Date _____

SAN FRANCISCO GENERAL HOSPITAL

Outpatient

PROGRESS RECORD

AIDS CLINIC -NURSE SCREENING VISIT F 910A

DATE TIME	PROBLEM NUMBER	FORMAT: PROBLEM NUMBER AND TITLE: S — SUBJECTIVE O — OBJECTIVE A — ANALYSIS P — PLANS	
		S: CC:	
		Fever:	Oral lesions:
		Chills:	Diarrhea:
		Sweats:	Wt. Loss:
		Fatigue:	Cough:
		Headache:	SOB:
			DOE:
		Herpes (where/when):	
		Herpes zoster:	
		Oral Candida:	
		Hepatitis (type/when):	
		GC (where/when):	
		Syphilis (when):	
		Skin infections:	
		Bowel infections:	
		Known exposure to AIDS patient:	
		Sexual history:	
		Hx: drugs/cigarettes:	

SAN FRANCISCO GENERAL HOSPITAL

Outpatient

PROGRESS RECORD

PAGE TWO
AIDS CLINIC NURSE SCREENING VISIT

F 910A

DATE TIME	PROBLEM NUMBER	FORMAT: PROBLEM NUMBER AND TITLE: S — SUBJECTIVE O — OBJECTIVE A — ANALYSIS P — PLANS	
		Lymph nodes:	Suspicious skin sites:
		cervical:	
		epitroch:	
		inguinal:	Genital lesions:
		axillary:	
			Rectal sx:
		0: Weight _____ kg	
		BP: P: T: R:	
		A:	
		P: CBC w/diff, plts.	
		ESR	
		SMAC	
		CXR, PA & LAT	
		Skin tests: PPD, mumps, candida	
		Stool for O&P/culture	
		Other (specify):	
		Referred to:	