

USAID AMPATH Uzima



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CASE MANAGEMENT TOOL

Client Name: _____ Sex _____ Age _____ CCC no: _____ Phone: _____

Case manager: _____ Phone no: _____

_____ Cadre: _____

Date diagnosed: _____ TX start date: _____ Date started current

regimen _____ previous regimen _____ Date of current VL _____ Current

VL _____

Reasons for case management:

<input type="radio"/> Client with high VL on first line regimen	<input type="radio"/> Client with high VL on second line regimen	<input type="radio"/> Client with advance HIV disease
<input type="radio"/> LTFU or recently LTFU now returned to clinic	<input type="radio"/> Defaulter or recently defaulter now returned to clinic	<input type="radio"/> Newly enrolled client

Issues identified:

Issues	Comments	Interventions put in place/ date
Disclosure		
HIV illiteracy		
Poor family/social support/ frequent change of caregiver		
Drug toxicity/ pill burden/drug drug interactions/ poor dosing		
Forgetfulness/ lack of reminders		
Stigma/ religious beliefs		
Financial challenges		
GBV/VAC		
Alcohol and other substances		

Treatment fatigue/ refusal to take pills/ alternative treatments		
Mental health		
Physical health/co morbidities		
School/work related challenges		
Health facility related barriers		

FOLLOW UP NOTES

Review	Date	Comments
1 ST Review		
2 ND Review		
3 RD Review		
4 TH Review		
5 TH Review		
6 TH Review		
7 th Review		