

PROTOCOL ON THE PROVISION OF PROXY CONSENT FOR HIV TESTING SERVICES OF CHILDREN VULNERABLE TO AND AT RISK OF HIV

I. RATIONALE

From the year 2011 to 2015, the Philippines has recorded an unprecedented 230% increase in the number of new HIV infections from among 15-19 years old or the young key affected population (YKAP). The HIV infection within this age group is mostly sexually transmitted among males who are having sex with males (58%), males who have sex with both males and females (26%), and males who are having sex with females (9%). Aside from sexual transmission, 7% of the new infections come from sharing infected needles.¹

Furthermore, based on the 2016 disaggregated HIV care cascade (diagnosis, linkage to care, treatment, and viral load testing) data, it is notable that the young M/TSM are in disadvantageous position in accessing and retaining in care and treatment. Only 4% of the diagnosed 15-19 years old PLHIVs are on life-saving anti-retroviral therapy (ART).

Without changes in the HIV response to address the barriers to preventive and treatment services for the young population, the AIDS Epidemic Modeling estimates using the 2013-2015 Integrated HIV Behavioral and Serological Surveillance (IHBSS) data, shows that from year 2016 to 2022, seven out of 10 (68%) new HIV infections will be coming from young M/TSM who belong to ages 15-24. Restrictive policies preventing young key populations engaged in risky behaviors to avail of testing and treatment services are the significant contributor to this persistent issue.²

To guarantee the realization of children's rights and to address the range of issues that relate to the non-access of minors to HIV counselling and testing without parental consent, there is a need to develop a protocol that will provide specific guidelines in situations when consent is to be given by service providers and medical practitioners.

II. PURPOSE

This protocol shall provide the guidelines on the provision of proxy consent for HIV testing services for children vulnerable to and at risk of HIV.

This protocol aims to increase the uptake of HIV testing services emanating from the need to protect the child who may have come into contact with infected body fluids through different situations – either through sexual acts, through needle sharing, or through other ways which increases the risk of the child to get infected by HIV.

¹ DOH. HIV/AIDS and ART Registry of the Philippines

² DOH. The State of the Philippine HIV Epidemic 2016: Facing Challenges, Forging Solutions. 2016

It also aims to empower the child's own views and understanding of HIV testing by being aware of its possible impact on the emotional well-being and physical health of the child.

III. DEFINITION OF TERMS

- A. ***Adolescence/Adolescent***– refers to the population aged 10 to 19 years old to refer to a phase separate from both early childhood and adulthood. It is a transitional period that requires special attention and protection.
- B. ***AIDS*** – “Acquired Immunodeficiency Syndrome” refers to a health condition where there is a deficiency of the immune system that stems from infection with HIV, making an individual susceptible to opportunistic infections.
- C. ***Asymptomatic*** – refers to having no symptoms or showing no symptoms that are suggestive of compromised immune response due to HIV infection.
- D. ***Case management*** – refers to an interactive process which the client and the worker consciously work together to resolve a problem. The process of enabling persons mobilize resources, both external and internal, to achieve a desired outcome such as behavioral/social change. This is also the process by which the social worker and the members of the team enable the client to perform specific tasks or activities and use the agency and other resources to reach or achieve desired results.
- E. ***Child/Children*** – refers to any person below eighteen (18) years of age or those over but are unable to fully take care of themselves or protect themselves from abuse, neglect, cruelty, exploitation or discrimination because of a physical or mental disability or condition.
- F. ***Children in Need of Special Protection*** – refers to children who are vulnerable to or victims of abuse, neglect, exploitation, cruelty, discrimination and violence (armed conflict, domestic violence) and other analogous conditions prejudicial to their development.
- G. ***Emergency*** – refers to a condition or state of a child wherein based on the objective findings of a prudent medical officer, there is immediate danger and where delay in initial support and treatment may cause loss of life or cause permanent disability to the child, or in the case of a pregnant woman, permanent injury or loss of her unborn child.
- H. ***Family reintegration*** – refers to the process through which a child is returned back to his/her immediate or extended family (either where s/he lived before or with another family member), and is able to reintegrate into family and community life where s/he receives the necessary care and protection to.
- I. ***HIV*** – “Human Immunodeficiency Virus” refers to the virus called retrovirus, which infects cells of the human immune system.
- J. ***HIV Testing Services (HTS)*** – refers to the full range of services accompanying HIV testing including counseling (pre-HIV test and post-HIV test); linkage to appropriate HIV prevention, treatment and care services and other clinical and support services with proper coordination with reference laboratories to support quality assurance and delivery of accurate results.

- K. **HIV Testing Centers** – refer to hospitals, clinics, laboratories, and other testing centers with competent personnel who may provide services in the sites.
- L. **Intervention Evaluation** – refers to the process of evaluation on the comprehensive intervention plan on people living with HIV.
- M. **Parens Patriae** – refers to a doctrine that implies the inherent power and authority of the State to provide protection of the person and property of a person *non sui juri* or an individual who lacks the legal capacity to act on his or her own behalf, such as an infant or an insane person under such doctrine, the State has the sovereign power of guardianship over persons under disability.
- N. **Protocol** – refers to a set of step-by-step guidelines—usually in the form of a document—that is used to standardize operating procedures on a specific event.
- O. **Proxy Consent** – refers to the process by which people with the legal right to consent to medical treatment for themselves or for a minor or a ward delegate that right to another person.
- P. **Serious case** – refers to a condition of a child characterized by gravity or danger wherein based on the objective findings of a prudent medical officer when left unattended to, may cause loss of life or cause permanent disability to the patient, or in the case of a pregnant woman, permanent injury or loss of her unborn child.
- Q. **Symptomatic**– refers to having a compromised immune response characterized by opportunistic infections atypical disease presentation and other signs and symptoms suggestive of HIV infection. A symptomatic person shall also be considered a serious case because of the gravity or danger wherein based on the objective findings of a prudent medical officer, when left unattended to, may cause loss of life to the patient.
- R. **Serostatus** – refers to the presence or absence of a serological marker, commonly the antibodies, in the blood. The presence of detectable levels of a specific marker within the serum is considered seropositivity, while the absence of such levels is considered seronegativity.

IV. **LEGAL BASES / RELATED POLICIES**

The protocol complements existing national laws, such as:

- **Presidential Decree No. 603**, otherwise known as the Child and Youth Welfare Code of 1974, which emphasizes the doctrine of *parens patriae* which means “father or parent of his country”. It refers to the inherent power and authority of the State to provide protection of the person and property of a person *non sui juris*.
- **Republic Act No. 7610**, otherwise known as the Special Protection of Children Against Child Abuse, Exploitation and Discrimination Act which provides for a declaration of the following State policies and principles:

- To provide special protection to children from all forms of abuse, neglect, cruelty, exploitation and discrimination, and other conditions prejudicial to their development;
- To protect and rehabilitate children gravely threatened or endangered by circumstances; and,
- To promote the best interests of the child in all actions concerning them.

As provided in Section 10 - Immunity of Officer Taking the Child Under Protective Custody of the Implementing Rules and Regulations (IRR) of this law, the duly authorized officer or social worker of the Department and the assisting police officer or barangay official, if any, who shall take a child under protective custody shall be exempt from any civil, criminal and administrative liability therefor.

- **Republic Act No. 8504**, otherwise known as the Philippine AIDS Prevention and Control Act of 1998, which mandates that the State extend to every person suspected or known to be infected with HIV/AIDS full protection of his/her human rights and civil liberties; and positively address and seek to eradicate conditions that aggravate the spread of HIV infection, including but not limited to, poverty, gender inequality, prostitution, marginalization, drug abuse and ignorance.

Lastly, the protocol complements existing structures, guidelines and issuances regarding:

- **Administrative Order No. 159 (s. 2002)** of the Department of Social Welfare and Development which provides specific guidelines in the handling of HIV/AIDS testing of children under the care and custody of the Department of Social Welfare and Development.
- **Administrative Order No. 0019 (s. 2017)** of the Department of Health which provides policies and guidelines in the conduct of the HIV testing services (HTS) in health facilities, including specific guidelines in addressing concerns of key populations including adolescents, especially minors to access HIV testing services provided by a licensed social worker, in accordance to RA 8344.

V. COVERAGE

Individuals authorized to provide proxy consent – The individuals authorized to provide proxy consent shall include the following:

- Director of the DSWD Central Office or Field Offices
- Head of the Local Social Welfare Development Office (LSWDO)
- Executive Director of a licensed and accredited Child Caring Agency (CCA) of the DSWD

The heads of the mentioned agencies may choose to issue a memorandum or order providing their registered social workers the capacity to issue proxy consent on their

behalf provided that they are trained on proxy consent and case management with regard to HIV/AIDS.

Physicians, by virtue of their Hippocratic Oath, may provide proxy consent in serious cases of emergencies as defined in this Protocol, and based on the definition provided in Republic Act No. 8344.

Situations that may warrant the provision of proxy consent for HIV Testing Services of children – Taking into consideration the best interest of the child by promoting his/her physical and emotional well-being, the following children shall be covered by this protocol, after thorough assessment and exploration that the child is vulnerable to and at risk of HIV:

- a. Children deemed and recommended by social workers to be in vulnerable situations, or at risk of contracting HIV.
- b. Children whose legal custody are voluntarily or involuntarily committed to DSWD;
- c. Children who are under the protective custody of the DSWD in the center or in the community;
- d. Children who are under the care of the DSWD and its licensed/accredited child caring agencies for temporary shelter; and
- e. Children deemed by doctors to be in serious cases or emergencies in accordance to Republic Act No. 8344 (who shall be provided proxy consent by the trained social hygiene physicians only)

Except for (d), the abovementioned conditions may warrant the child to be categorized as Children in Need of Special Protection (CNSP), as provided by Republic Act No. 7610. The social worker shall recommend that the child shall be provided proxy consent, after thorough assessment and consideration of the best interests of the child.

VI. **FLOWCHART ON THE PROVISION OF PROXY CONSENT AND THE CASE MANAGEMENT ALGORITHM**

For the HIV screening, there shall be different entry points to the access of children, whether it is during outreach work or during medical procedures within the accredited facilities from the Service Delivery Network (SDN). Children, in general, will be initially assessed using the conditions stated above and shall be given proper attention and intervention upon assessment of the service provider.

Case Management tools shall also be provided and shall be used in the referral mechanism in the cascade of care. The social worker shall be delegated as the case manager and shall lead the case management team in the achievement of the planned intervention.

For agencies that do not have HIV Testing within their facilities, referral for HTS shall be done and shall accommodate the choice of the child which shall be discussed with him/her during the initial assessment.

The case management process shall start the moment the child approaches and signifies his / her intent to avail of HTS.

Figure 1 identifies the steps in the provision of proxy consent and case management for the access to treatment and family reintegration and/or referral to an existing support group.

Steps in the Provision of Proxy Consent and Case Management Algorithm

- **Step 1: Child is engaged in the Community / School / Outreach**

The child, who attends demand generation activities such as HIV awareness campaigns, learning group sessions, and other similar undertakings, becomes aware of his/her risky behavior. The child voluntarily subjects himself/herself to a HTS facility.

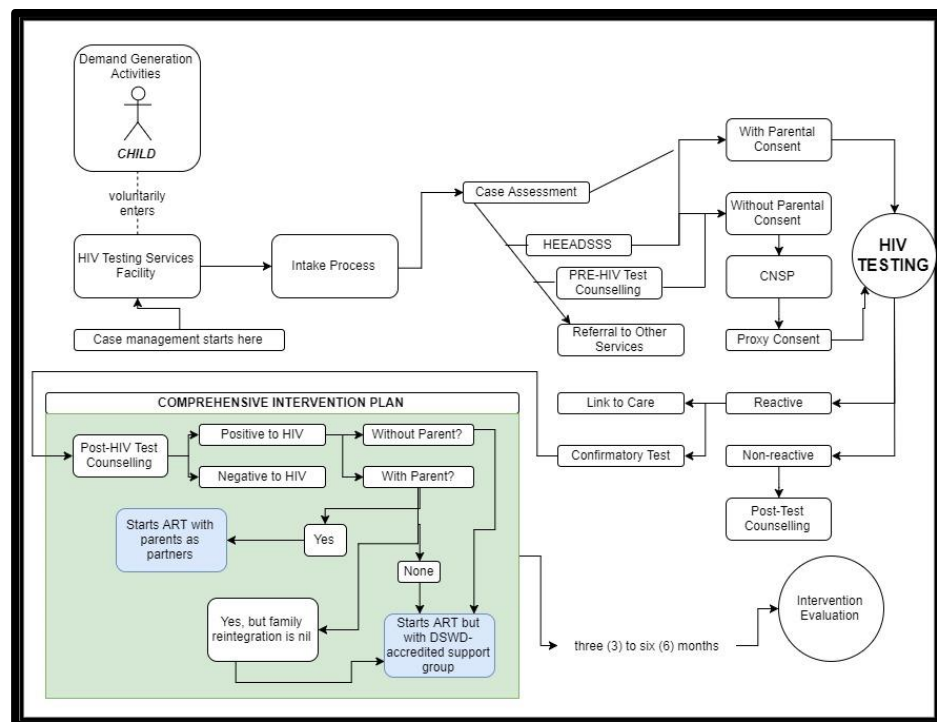


Figure 1. Flowchart on the Provision of Proxy Consent and Case Management Algorithm

- **Step 2: Child enters the HTS Facility / Initiation of Case Management**

When a child is informed of his/her risks, he/she voluntarily enters the HIV Testing Services facility. During this point in the process, case management shall also commence. The Case Management Team shall be composed of the L/CSWDO social worker as the case manager, physician and the members of HACT.

- **Step 3: In-take Process and HEEADSSS**

This process shall be jointly conducted by the registered social worker (in the absence of a registered social worker, a trained service provider) and the facility physician using the Intake Form (*see Annex B*) and HEEADSSS Form (*see Annex E*). To minimize repetition of questions, the physician shall be responsible in asking questions related to medical assessment while the registered social worker shall be responsible in conducting the psychosocial interview of the child.

The case assessment shall be built up during this process to determine the eligibility of the child for securing parental consent or providing proxy consent to access HIV testing services and to prepare for a comprehensive intervention plan. The social worker shall issue an assessment statement in cooperation with the physician and recommendation to the head of the agency to provide proxy consent.

- **Step 4: Pre-HIV Test Counselling**

Since the service providers who are authorized to give proxy consent are also trained in HIV Test Counselling, the content of the Pre-HIV Test Counselling shall be included during the interview for the In-take Process and HEEADSSS.

Should the interviewers deem that the child needs other services that are not available within their facility, they shall refer the child to the appropriate facility / service providers.

- **Step 5: Provision of Consent**

The social worker shall ensure that all means are exhausted to obtain parental consent.

In the event that the parental consent cannot be secured and the child falls under the conditions aforementioned for the provisions for proxy consent, the physician or the head of the agency shall sign the proxy consent form (*see Annex C and Annex D*)

If the child has no explicitly identified risks based on thorough assessment and no parental consent is given, the social worker shall have no substantial evidence to recommend the provision of proxy consent.

- **Step 6: HIV Testing Services**

HIV testing shall be done in accordance to the recent policies and guidelines for HIV testing services of the Department of Health.

- **Step 7: Comprehensive Intervention Plan (CIP)**

The comprehensive intervention plan shall be finalized while the child is going through the assessment for ART initiation. When HIV treatment commences, this marks the start of the implementation of the comprehensive intervention plan.

- **Step 8: HIV Treatment / Initiation of ART**

The child living with HIV shall be enrolled to treatment with the parent or guardian as the treatment partner. However, should family reintegration be nil, he/she shall be connected to a support group which shall provide continuous psychosocial support to ensure ART adherence.

- **Step 9: Monitoring and Evaluation of the Comprehensive Intervention Plan**

The case management team shall monitor the implementation of the CIP. After three (3) months, the team shall evaluate the implementation of the CIP and make necessary modifications. Another evaluation shall be done after six (6) months. A transfer summary report for referral, if any, and an evaluation statement shall be issued by the social worker in cooperation with the physician.

VII. **CONFIDENTIALITY**

The individual who shall provide the proxy consent and who shall be involved in the process shall agree that they will keep confidential and will not disclose, divulge or use for any purpose any information which will be gathered throughout the proxy consent and case management algorithm.

VIII. **ROLES**

- **Council for the Welfare of Children**

- Lead the coordination and monitoring of the implementation of the protocol to ensure proper handling and conduct of service provision to children;
- Advocate the implementation of this protocol to the concerned agencies nationwide.

- **Philippine National AIDS Council**

- Adopt the protocol and issue a Resolution for implementation of its member-agencies to ensure proper handling and provision of proxy consent.

- **Department of Health**

- Adopt this protocol and issue a Joint Administrative Order for implementation to its various offices and health facilities.
- Devise ways and mechanisms, in cooperation with the DSWD and through the Philippine Health Insurance Corporation, in ensuring that every child diagnosed with HIV will be included and covered by the National Health Insurance Program.
- Certify facilities that provide HIV testing and services for children.
- Report (by the standards of ethics) and monitor identified cases of adolescents tested and enrolled to Anti-Retroviral Treatment to track cases in the cascade of care.
- **Department of Education**
 - Issue appropriate policies to disseminate the Protocol/Guidelines in the Child Protection Committee of the Agency.
 - Coordinate, capacitate, and orient school administrators and teachers on the referral networks.
 - Coordinate with Philippine National AIDS Council and CWC for this policy and other HIV/AIDS programs concerning children.
- **Department of the Interior and Local Government**
 - Issue appropriate documents to disseminate the Protocol/Guidelines.
 - Adopt this protocol and issue a Joint Administrative Order for implementation of the local government units and accompanying social workers, therein.
 - Provide technical assistance to LGUs.
 - Assist in monitoring LGU compliance to the policy through the Local Council for the Protection of Children (LCPC).
- **Department of Social Welfare and Development**
 - Provide technical assistance and capacity buildings to LGUs, NGOs, and other stakeholders implementing HIV testing and other services for children; and
 - Further adopt this protocol and issue a Joint Administrative Order for the implementation of this protocol.
- **National Youth Commission**
 - Coordinate with the Council for the Welfare of Children since there are children/youth (15-17 years old) that also falls under the mandate of the Commission.
 - Include the protocol as a priority agenda of the National Adolescent Youth and Development Technical Working Group.
 - Advocate the implementation of this protocol to the concerned agencies nationwide.

- **Philippine Information Agency**
 - Assist in the dissemination of the proxy consent for public awareness.
- **Community-Based Organizations and Civil Society Organizations**
 - Provide proxy consent through their RSWs, provided that these organizations are deputized, registered, licensed, and accredited community-based organizations (CBOs) or civil society organizations (CSOs) of the Department of Social Welfare and Development who are trained on proxy consent and case management with regard to HIV/AIDS, further provided that an agreement is made between the organization and the LGU.

ANNEX A

LIST OF ACRONYMS

AIDS – Acquired Immune Deficiency Syndrome

ART – Antiretroviral Therapy

ARV – Antiretroviral

CBOs – Community-Based Organizations

CD4 – Cluster of Differentiation 4

CNSP – Children in Need of Special Protection

CSOs – Civil Society Organizations

CSR – Corporate Social Responsibility

CSWDO - City Social Welfare and Development Office

CWC - Council for the Welfare of Children

DILG - Department of Interior and Local Government

DOH - Department of Health

DOJ - Department of Justice

DSWD - Department of Social Welfare and Development

HACT – HIV/AIDS Core Team

HARP - HIV/AIDS and ART Registry of the Philippines

HCP - Health Care Professionals

HCT - Health Care Technician

HEEADSSS - Home, Education and Employment, Activities, Drugs/Diet, Sexuality, Suicide, Spirituality / Strengths

HIV - Human Immunodeficiency Virus

HCT - HIV Counselling and Testing

ICR - Individual Client Record

IHBSS - Integrated HIV Behavioral and Serologic Surveillance

ITR - Individual Treatment Record

LGUs – Local Government Units

MSM – Males Who Have Sex with Males

MD – Medical Doctor

MSWDO – Municipal Social Welfare and Development Office

NPAC – National Plan of Action for Children

NYC – National Youth Commission

PIA – Philippine Information Agency

PLHIV – People Living with HIV

PYDP – Philippine Youth Development Plan

RSW – Registered Social Workers

SACCL – STD/AIDS Cooperative Central Laboratory

SDN – Service Delivery Network

SHC – Social Hygiene Clinic

SOGIE – Sexual Orientation, Gender Identity, and Gender Expression

TG – Transgender Women

UN CRC - United Nations Convention on the Rights of the Child

YKP - Young Key Population

ANNEX B
INTAKE SHEET

Personal Identification

Name: _____ Age: _____ Sex: _____
 (Last) (Given) (M.I.)
 UIC: _____
 City Address: _____
 Provincial Address: _____
 Religion: _____
 Father's Name: _____ Contact No.: _____
 Occupation: _____ Income: _____
 Mother's Name: _____ Contact No.: _____
 Occupation: _____ Income: _____

Family Background

<i>Household Members</i>	<i>Age</i>	<i>Civil Status</i>	<i>Relationship to Client</i>	<i>Occupation</i>	<i>Income</i>

Other Sources of Income: _____

Total Monthly Income: _____

Persons to be notified in case of emergency _____ Contact No. _____

Address: _____

Problem presented during Intake:

I. Health Status:

CD4 Count upon link to care: _____

Viral Load (if available): _____

II. Cognitive Functioning

A. Learning Ability (discussion on Basic STI HIV during pre –test counseling)

III. Functional Status:

A. Spirituality

IV. Cultural Issues:

V. Patient Support System

A. Family

B. Support Group

C. Community

VI. Financial Status

Interviewed By: _____

Date: _____

(Note: This is the initial document which will be the basis for the social case study report and the treatment plan of the multi-disciplinary team handling the case of the adolescent)

ANNEX C

EB FORM

PERSONAL INFORMATION SHEET (FORM A)												
All information given will be STRICTLY CONFIDENTIAL. Please fill out this form COMPLETELY and as honestly as possible. Please write in CAPITAL LETTERS and CHECK the appropriate boxes.												
DEMOGRAPHIC DATA												
1	PhilHealth Number: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>										<input type="checkbox"/> Not enrolled in PhilHealth	
2	Name (Full name) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%; border: 1px solid black; height: 25px;"></div> <div style="width: 30%; border: 1px solid black; height: 25px;"></div> <div style="width: 30%; border: 1px solid black; height: 25px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: 5px;"> First Name Middle Name Last Name </div>											
3	Mother's Maiden Name (Full real name) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%; border: 1px solid black; height: 25px;"></div> <div style="width: 30%; border: 1px solid black; height: 25px;"></div> <div style="width: 30%; border: 1px solid black; height: 25px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em; margin-top: 5px;"> First Name Middle Name Last Name </div>											
UNIQUE IDENTIFIER CODE												
4	First 2 letters of mother's real name <div style="display: flex; justify-content: space-around; height: 30px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		First 2 letters of father's real name <div style="display: flex; justify-content: space-around; height: 30px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		Birth order <div style="display: flex; justify-content: space-around; height: 30px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		Month of Birth <div style="display: flex; justify-content: space-around; height: 30px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		Day of Birth <div style="display: flex; justify-content: space-around; height: 30px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		Year of Birth <div style="display: flex; justify-content: space-around; height: 30px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
5	Age: <input type="text"/> <input type="text"/>		Age in months (for less than 1 year old): <input type="text"/> <input type="text"/>				Sex (at birth): <input type="checkbox"/> Male <input type="checkbox"/> Female					
Permanent Address: _____												
6	Current Place of Residence: Municipality/City: _____ Province: _____											
Place of Birth: Municipality/City: _____ Province: _____												
7	Contact Numbers: _____ Email: _____											
8	Nationality: <input type="checkbox"/> Filipino <input type="checkbox"/> Others, please specify: _____											
9	Highest Educational Attainment: <input type="checkbox"/> None <input type="checkbox"/> Highschool <input type="checkbox"/> Vocational <input type="checkbox"/> Elementary <input type="checkbox"/> College <input type="checkbox"/> Post-Graduate											
10	Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed											
11	Are you currently living with a partner? <input type="checkbox"/> No <input type="checkbox"/> Yes											
12	Number of children: <input type="text"/> <input type="text"/> <input type="text"/>		Are you presently pregnant? (for females only) <input type="checkbox"/> No <input type="checkbox"/> Yes									
EMPLOYMENT												
13	Current Occupation (Please specify main source of income): _____ If no current work, what was previous occupation: _____											
14	Did you work overseas/abroad in the past 5 years? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when did you return from your last contract? <div style="display: flex; justify-content: flex-end; align-items: center; margin-right: 50px;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center; font-size: 0.7em;">Month</div> <div style="margin: 0 10px;">/</div> <div style="border: 1px solid black; width: 60px; height: 30px; display: flex; align-items: center; justify-content: center; font-size: 0.7em;">Year</div> </div> Where were you based? <input type="checkbox"/> On a ship <input type="checkbox"/> Land What country did you last work in? _____											

PERSONAL INFORMATION SHEET (DOH-NEC FORM A 2014)

REASON FOR HIV TEST																									
15	<p>Reason for HIV Testing: (check all that apply)</p> <table border="0"> <tr> <td><input type="checkbox"/> Mother is infected with HIV</td> <td><input type="checkbox"/> Requirement for insurance</td> <td><input type="checkbox"/> Pregnant</td> </tr> <tr> <td><input type="checkbox"/> Sex partner is infected with HIV</td> <td><input type="checkbox"/> Received blood transfusion</td> <td><input type="checkbox"/> TB patient</td> </tr> <tr> <td><input type="checkbox"/> Shared needles/syringes with IDUs</td> <td><input type="checkbox"/> Re-check previous HIV test result</td> <td><input type="checkbox"/> Active Hepatitis B/C</td> </tr> <tr> <td><input type="checkbox"/> Accidental needle prick</td> <td><input type="checkbox"/> Employment - Local/In the Philippines</td> <td><input type="checkbox"/> No particular reason</td> </tr> <tr> <td><input type="checkbox"/> Recommended by physician</td> <td><input type="checkbox"/> Employment - Overseas/Abroad</td> <td><input type="checkbox"/> Other (pls specify): _____</td> </tr> </table>	<input type="checkbox"/> Mother is infected with HIV	<input type="checkbox"/> Requirement for insurance	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Sex partner is infected with HIV	<input type="checkbox"/> Received blood transfusion	<input type="checkbox"/> TB patient	<input type="checkbox"/> Shared needles/syringes with IDUs	<input type="checkbox"/> Re-check previous HIV test result	<input type="checkbox"/> Active Hepatitis B/C	<input type="checkbox"/> Accidental needle prick	<input type="checkbox"/> Employment - Local/In the Philippines	<input type="checkbox"/> No particular reason	<input type="checkbox"/> Recommended by physician	<input type="checkbox"/> Employment - Overseas/Abroad	<input type="checkbox"/> Other (pls specify): _____									
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<input type="checkbox"/> Recommended by physician	<input type="checkbox"/> Employment - Overseas/Abroad	<input type="checkbox"/> Other (pls specify): _____																							
HISTORY OF EXPOSURE																									
16	<p>Was your birth MOTHER infected with HIV when you were born? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>																								
17	<p>Answer all. Have you experienced any of the following? (If yes, state the MOST RECENT year)</p> <table border="0"> <tr> <td>Received blood transfusion</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>If yes, what year: _____</td> </tr> <tr> <td>Injected drugs without doctor's advice</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>If yes, what year: _____</td> </tr> <tr> <td>Accidental needle prick</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>If yes, what year: _____</td> </tr> <tr> <td>Sexually transmitted infections (STI)</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>If yes, what year: _____</td> </tr> <tr> <td>Sex with a <u>female</u> with no condom</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>If yes, what year: _____</td> </tr> <tr> <td>Sex with a <u>male</u> with no condom</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>If yes, what year: _____</td> </tr> <tr> <td>Sex with a person in prostitution</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>If yes, what year: _____</td> </tr> <tr> <td>Regularly accept payment for sex</td> <td><input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td>If yes, what year: _____</td> </tr> </table>	Received blood transfusion	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what year: _____	Injected drugs without doctor's advice	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what year: _____	Accidental needle prick	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what year: _____	Sexually transmitted infections (STI)	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what year: _____	Sex with a <u>female</u> with no condom	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what year: _____	Sex with a <u>male</u> with no condom	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what year: _____	Sex with a person in prostitution	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what year: _____	Regularly accept payment for sex	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what year: _____
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Sex with a <u>male</u> with no condom	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what year: _____																							
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Regularly accept payment for sex	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what year: _____																							
SEXUAL PARTNERS																									
18	<p>Answer both. If none, write "0" in the box.</p> <table border="0"> <tr> <td>How many FEMALE sex partners have you ever had?</td> <td><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> <td>Year of last sex with a female: _____</td> </tr> <tr> <td>How many MALE sex partners have you ever had?</td> <td><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> <td>Year of last sex with a male: _____</td> </tr> </table>	How many FEMALE sex partners have you ever had?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year of last sex with a female: _____	How many MALE sex partners have you ever had?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year of last sex with a male: _____																		
How many FEMALE sex partners have you ever had?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year of last sex with a female: _____																							
How many MALE sex partners have you ever had?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year of last sex with a male: _____																							
HIV TESTING																									
19	<p>Have you ever been tested for HIV before? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, when was the most recent test? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Year</p> <p>Which testing facility did you have the test? _____ Municipality/City: _____</p> <p>What was the result? <input type="checkbox"/> Positive <input type="checkbox"/> Negative</p>																								
To be filled up by PHYSICIAN, CLINIC STAFF or COUNSELOR only																									
20	<p>Clinical Picture: <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic Describe S/Sx: _____</p> <p>World Health Organization (WHO) Staging: _____ <input type="checkbox"/> No physician available to do staging</p>																								
To be filled up by TESTING FACILITY only																									
21	<p>Name of Testing Facility: _____</p> <p>HIV EQAS Lab Code: _____ Year last participated in HIV EQAS: _____</p> <p>Complete Mailing Address: _____</p> <p>Contact Numbers: _____ Email address: _____</p>																								
22	<p>Name of Medical Technologist: _____</p> <p>HIV Proficiency Number: _____</p> <p>Date Issued: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Day Year</p> <p>Expiration Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Day Year</p>																								
23	<p>Name of Counselor (with signature): _____</p>																								
To be filled up by SACCL only																									
24	<p>SACCL Laboratory Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Date HIV Confirmed: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Day Year</p> <p>HIV Results Confirmed by: _____ Test: <input type="checkbox"/> Western Blot <input type="checkbox"/> PCR for infants</p>																								

END

ANNEX E

CONSENT FORM

Para sa kabataang pasyenteng edad 17 pababa

Ako si _____, nasa tamang edad, nakatira sa
(Pangalan)
_____, _____
(Tirahan) (Relasyon sa Kliyente)

ni _____, _____ taong gulang, ay ibinibigay ang aking pahintulot
(Pangalan ng bata)

ng may buong kaalaman at pagkaunawa sa aking anak / ward,

☐ upang tumanggap ng **lahat ng nakapaloob sa HIV Testing Services.**

☐ sa ilalim ng pag-gabay ni _____ upang
(Pangalan ng Registered Social Worker / Doktor)

tumanggap ng **lahat ng nakapaloob sa HIV Testing Services.**

Nilagdaan ngayong ika - _____ araw, buwan ng _____, taon 20____ sa
_____.
(Pook ng Pinaglagdaan)

Lagda

Para sa kabataang pasyenteng edad 17 pababa

Ako si _____, nasa tamang edad, nakatira sa
(Pangalan)
_____, _____
(Tirahan) (Relasyon sa Kliyente)

ni _____, _____ taong gulang, ay ibinibigay ang aking pahintulot
(Pangalan ng bata)

ng may buong kaalaman at pagkaunawa sa aking anak / ward,

☐ upang tumanggap ng **lahat ng nakapaloob sa HIV Testing Services.**

☐ sa ilalim ng pag-gabay ni _____ upang
(Pangalan ng Registered Social Worker / Doktor)

tumanggap ng **lahat ng nakapaloob sa HIV Testing Services.**

Nilagdaan ngayong ika - _____ araw, buwan ng _____, taon 20____ sa
_____.
(Pook ng Pinaglagdaan)

Lagda

ANNEX F

HEEADSS FORM

HEEADSSS Rapid Questionnaire

(Questions on *Home, Education, Employment, Activities, Substance Use, Reproductive Health*)

Pangalan:			Kasarian: <input type="checkbox"/> Lalake <input type="checkbox"/> Babae		
Kapanganakan:			Edad:		
Katayuan:	<input type="checkbox"/> Walang Asawa	<input type="checkbox"/> May Asawa, Kasal	<input type="checkbox"/> Live-in, Hindi Kasal		
Trabaho	<input type="checkbox"/> Estudyante	<input type="checkbox"/> Nagtatrabaho	<input type="checkbox"/> Estudyante at Nagtatrabaho	<input type="checkbox"/> Wala	
Tirahan:					
Cellphone:		E-mail:		Landline:	
Sagutin ng tapat ang mga sumusunod na katananungan. Ang sagot ay CONFIDENTIAL.					
1. Ikaw ba ay nakakaranas ng pananakit o pananakot sa inyong bahay?			<input type="checkbox"/> Hindi	<input type="checkbox"/> Oo	
2. Nakaranas ka ba ng bullying at pananakit sa paaralan o sa trabaho?			<input type="checkbox"/> Hindi	<input type="checkbox"/> Oo	
3. May pagkakataon ba na seryoso mong naisip na wakasan ang iyong buhay?			<input type="checkbox"/> Hindi	<input type="checkbox"/> Oo	
4. Naninigarilyo ka ba?			<input type="checkbox"/> Hindi	<input type="checkbox"/> Oo	
5. Umiinom ka ba ng alak?			<input type="checkbox"/> Hindi	<input type="checkbox"/> Oo	
6. Ikaw ba ay nakaranas ng magka-boyfriend / girlfriend?			<input type="checkbox"/> Hindi	<input type="checkbox"/> Oo	
7. Ikaw ba ay nakaranas ng makipag-sex o makipagtalik?			<input type="checkbox"/> Hindi	<input type="checkbox"/> Oo	
8. Nakaranas ka ba na ikaw ay pinilit makipag-sex?			<input type="checkbox"/> Hindi	<input type="checkbox"/> Oo	
9. Ikaw ba ay nakaranas nang mabuntis, o makabuntis?			<input type="checkbox"/> Hindi	<input type="checkbox"/> Oo	
10. Gusto mo bang mag pa-counsel o komunsulta para matulungan ka?			<input type="checkbox"/> Hindi	<input type="checkbox"/> Oo	

HEEADSSS Form

(Adolescent-Youth Health Assessment Form for ages 10-24 years old)

Petsa: _____	Oras _____	Client Registry Number (CRN): _____
---------------------	-------------------	--

Paalala: Pamantayan ng Klinika na ito na panatiliing **CONFIDENTIAL** o **SIKRETO** ang mga naibahaging impormasyong personal sa amin. Ang iyong mga sagot sa mga sumusunod na katanungan ay hindi ibabahagi kaninuman, *maliban* kung kailanganing tumulong kami sa iyo sa mga sitwasyong tulad ng mga sumusunod:

- Sa mga sitwasyong may bantang panganib sa buhay ng isang kabataan, halimbawa, planong magpakamatay, may bantang saktan sya ng ibang tao, o sa mga sitwasyong ang kabataan ay inaabuso.
- Sa mga sitwasyon ng kabataan na may bantang panganib sa buhay at kalusugan ng ibang tao, halimbawa, ang isang kabataan ay may tiyak na planong saktan ang ibang tao, o upang maiwasan ang nakakahawang sakit.
- Kailangan naming ibahagi ang mga impormasyon nakatala dito sa iba pang makakatulong na ahensya, tulad ng DSWD, police, Women & Children Protection Unit, rehabilitation centers, o ibang pagamutan.

PART 1: Hayaang punan ng pasyente / kliyente ang mga sumusunod na patlang.				
A.PERSONAL INFORMATION				
Pangalan:			Kasarian: <input type="checkbox"/> Lalake <input type="checkbox"/> Babae	
Kapanganakan:			Edad:	
Katayuan:	<input type="checkbox"/> Walang Asawa	<input type="checkbox"/> May Asawa, Kasal	<input type="checkbox"/> May-asawa. Hindi Kasal	
Trabaho:	<input type="checkbox"/> Estudyante	<input type="checkbox"/> Nagtatrabaho	<input type="checkbox"/> Estudyante at Nagtatrabaho	<input type="checkbox"/> Wala
Tirahan:				
Numero ng Contact:	Sa Bahay:	Cell Phone:		Sa Trabaho:
Health Insurance:	<input type="checkbox"/> Oo, PhilHealth Member <input type="checkbox"/> Oo, Dependent ng PhilHealth Member <input type="checkbox"/> Oo, Universal Enrolment / Indigency Program/4Ps			<input type="checkbox"/> Wala
Uri ng Kliyente:	<input type="checkbox"/> Bago	<input type="checkbox"/> Dati na	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Ini-refer ng:

B. PAST MEDICAL HISTORY				
Kailan ka huling nagpakonsulta sa Health Clinic? at bakit?				
Na-operahan ka na ba?		<input type="checkbox"/> Hindi <input type="checkbox"/> Oo, kailan at bakit?		
Na-rehabilitate ka na ba tungkol sa drug abuse?			<input type="checkbox"/> Hindi <input type="checkbox"/> Oo, kailan?	
Nagkaroon/ meron ka ba ng mga sumusunod na kondisyong pangkalusugan?				
Allergy	<input type="checkbox"/> Wala	<input type="checkbox"/> Meron	Allergic saan?	
Asthma	<input type="checkbox"/> Wala	<input type="checkbox"/> Meron	Gamot na ininom/ tinurok:	
Tuberculosis	<input type="checkbox"/> Wala	<input type="checkbox"/> Meron	Gamot na ininom/ tinurok:	
Convulsion	<input type="checkbox"/> Wala	<input type="checkbox"/> Meron	Gamot na ininom/ tinurok:	
Diabetes	<input type="checkbox"/> Wala	<input type="checkbox"/> Meron	Gamot na ininom/ tinurok:	
UTI	<input type="checkbox"/> Wala	<input type="checkbox"/> Meron	Gamot na ininom/ tinurok:	
STI / STDs	<input type="checkbox"/> Wala	<input type="checkbox"/> Meron	Gamot na ininom/ tinurok:	
Abortion	<input type="checkbox"/> Wala	<input type="checkbox"/> Oo, kailan?	May komplikasyon?	
Iba pa:				
C. FAMILY HISTORY				
Miyembro ng Pamilya na may sakit	Edad	Kasarian	Kalagayang Pangkalusugan	Kung namayapa na, dahilan ng kamatayan
D. PSYCHOSOCIAL HISTORY & ASSESSMENT. Ang matapat mong kasagutan ay makakatulong sa amin upang ikaw ay mabigyan ng tamang pangangalaga.				
➤ HOME AND FAMILY				

1) Sino-sino ang kasama mong naninirahan sa bahay? paki-lagyan ng tsek		
<input type="checkbox"/> Tatay	<input type="checkbox"/> Nanay	<input type="checkbox"/> Mga kapatid? Ilan?
<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Iba pa:
2) Kung ikaw ay may kailangan o may problema, kanino ka lumalapit ng tulong?		
<input type="checkbox"/> Tatay	<input type="checkbox"/> Nanay	<input type="checkbox"/> Kapatid
<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Iba pa:
3) May mga pagkakataon ba na pinag-isipan mong maglayas o umalis na ng inyong bahay?		
<input type="checkbox"/> Hindi <input type="checkbox"/> Oo, bakit?		
4) Ikaw ba ay nakakaranas ng pananakit o pananakot sa inyong bahay?		
<input type="checkbox"/> Oo <input type="checkbox"/> Hindi		
➤ EDUCATION.		
1) Ikaw ba ay kasalukuyang nag-aaral?		
<input type="checkbox"/> Oo nag -aaral, saan at anong level ka ngayon? _____; Na-suspende ka na ba sa loob ng taong ito? <input type="checkbox"/> Hindi <input type="checkbox"/> Oo, bakit?		
<input type="checkbox"/> Hindi nag-aaral, ano ang mga dahilan ng di mo pag-aaral? _____		
2) Sumasali ka ba sa mga sports, theatre arts, dance club, peer education, fraternity / sorority club, gang? <input type="checkbox"/> Hindi <input type="checkbox"/> Oo, ano ang iyong mga ginagawa?		
3) Nakaranas ka ba ng bullying? <input type="checkbox"/> Hindi <input type="checkbox"/> Oo, ano ang aksyong ginawa mo?		
➤ EMPLOYMENT. Sagutan kung ikaw ay nagtatrabaho.		
1) Ano ang iyong trabaho, at ilang oras ka nagtatrabaho sa isang araw?		
2) Kasundo mo ba iyong mga katrabaho? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi, ano ang dahilan?		
3) Ano ang iyong hangarin / pangarap tungkol sa iyong trabaho?		
<input type="checkbox"/> Ma-promote	<input type="checkbox"/> Mas mabuting working condition	<input type="checkbox"/> Ma-permanente sa trabaho
<input type="checkbox"/> Mas mabuting sahod	<input type="checkbox"/> Mas mabuting working relationship	Iba pa:
➤ EATING HABITS & EXERCISE		
1) Kumakain ka ba ng regular tatlong beses sa isang araw – almusal, tanghalian, hapunan?		
<input type="checkbox"/> Oo <input type="checkbox"/> Hindi, bakit?		

2) Anu- ano ang mga physical activities na karaniwan mong ginagawa?				
➤ EMOTIONS				
1) Sa nakaraang dalawang linggo, madalas ka bang nalulungkot na parang wala nang saysay ang buhay? <input type="checkbox"/> Hindi <input type="checkbox"/> Oo; ano ang dahilan?				
2) May pagkakataon ba na seryoso mong naisip na wakasan ang iyong buhay? <input type="checkbox"/> Hindi <input type="checkbox"/> Oo, ano ang dahilan?				
3) Kung ikaw ba ay nagagalit, may pagkakataon ba na ikaw ay nakakapanakit o nagwawala? <input type="checkbox"/> Hindi <input type="checkbox"/> Oo, ano ang nagtulak sa iyo para manakit o magwala?				
4) Gusto mo bang magpa-counsel tungkol sa mga bagay na bumabagabag sa iyo? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi, Kung hindi, bakit?				
➤ ACTIVITIES & PEER RELATIONSHIP.				
1) Ano ang ginagawa mo kapag may libre kang oras o kapag Sabado at Linggo?				
<input type="checkbox"/> Gawaing bahay	<input type="checkbox"/> Sports	<input type="checkbox"/> Nagbabasa	<input type="checkbox"/> Tulong sa bukid	<input type="checkbox"/> Religious functions
<input type="checkbox"/> Lakad / gala	<input type="checkbox"/> Bahay lang	<input type="checkbox"/> Community work	<input type="checkbox"/> Computer	<input type="checkbox"/> Iba pa: _____
2) Meron ka bang mga kaibigan/ kabarkada? <input type="checkbox"/> Wala <input type="checkbox"/> Meron, ano ang karaniwang ginagawa nyo ng iyong mga kaibigan o kabarkada?				
➤ DRUGS / SUBSTANCE USE				
1) Naninigarilyo ka ba? <input type="checkbox"/> Hindi <input type="checkbox"/> Oo, anong edad ka nag umpisa? _____; ilang sticks sa isang araw? _____				
2) Umiinom ka ba ng alak? <input type="checkbox"/> Hindi <input type="checkbox"/> Oo, anong edad ka nag umpisa? _____ gaano kadalas? _____, at gaano karaming bote o baso? _____				
3) Gumagamit ka ba ng marijuana, shabu, o ibang drugs or inhalants? <input type="checkbox"/> Hindi <input type="checkbox"/> Oo, saan o kanino ka natutong gumamit? _____; anong edad ka nag umpisa?, _____ gaano kadalas? _____, at anong klase ng drugs?				
4) Meron ba sa iyong kapamilya o kaibigan ang gumagamit ng marijuana, shabu, o ibang drugs o inhalants? <input type="checkbox"/> Wala <input type="checkbox"/> Meron				
5) Ano ang dahilan bakit ka gumagamit ng marijuana, shabu, o ibang drugs o inhalants?				

➤ SEXUAL HEALTH DEVELOPMENT					
1) Meron ka bang alalahanin tungkol sa mga pagbabago sa yong katawan?					
<input type="checkbox"/> Wala <input type="checkbox"/> Meron, kung meron, ano ang mga iyon?					
<input type="checkbox"/> Pagreregla	<input type="checkbox"/> Paglaki ng dibdib	<input type="checkbox"/> Pubic hair	<input type="checkbox"/> Scrotum enlarge	<input type="checkbox"/> Wet dreams	<input type="checkbox"/> Mas turba tion
2) Pumapasok ba sa isipan mo na baka ikaw ay gay, lesbian, or bisexual? <input type="checkbox"/> Hindi <input type="checkbox"/> Oo, nais mo bang magpa-counsel tungkol dito? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi					
3) Ikaw ba ay nakaranas ng makipag sex? <input type="checkbox"/> Hindi <input type="checkbox"/> Oo, kanino? _____; Ilang partners? _____					
PART 2: Ang parteng ito ay nakalaan para punan ng health service provider.					
VITAL SIGNS:					
T ⁰ :	PR/CR:	RR:	BP		
Height:	Weight:	BMI	Classification:		
CHIEF COMPLAINT:					
HISTORY OF PRESENT ILLNESS:					
REPRODUCTIVE HEALTH AND SEXUAL HISTORY. Ipaliwanag na ang mga sumusunod na tanong ay kailangang itanong sa mga kabataang lalaki at babae					
1) Para sa mga babae, dinadatnan ka na ba ng buwanang regla? <input type="checkbox"/> Hindi <input type="checkbox"/> Oo, kailan o ilang taon ka nung una kang niregla? _____ Kailan ang huli mong regla (una at huling araw ng regla)? _____					
2) Para sa babae at lalaki, ikaw ba ay nakaranas ng makipag-sex? <input type="checkbox"/> Hindi <input type="checkbox"/> Oo, kanino? _____ ;Ilan ang sex partners? _____ Ilang taon ka nag- simula makipag-sex? _____					
3) Gumagamit ka ba ng anumang contraceptive method? <input type="checkbox"/> Oo, anong method/s ang ginagamit mo /ninyo? _____; Saan ka kumukuha o bumibili ng contraceptive method? _____					

Sino ang nagturo ng tamang paggamit? _____				
<input type="checkbox"/> Hindi, ano ang dahilan ng hindi paggamit? _____				
4) Ikaw ba ay nakaranas nang mabuntis, o makabuntis? <input type="checkbox"/> Hindi <input type="checkbox"/> Oo, ilang beses?; ano ang nangyari sa pagbubuntis? _____; ginusto mo ban a ikaw ay mabuntis / makabuntis sa edad at sitwasyon mo noon?				
5) Ikaw ba ay nakaranas nang magkaroon ng “Tulo” or sexually transmitted infection? <input type="checkbox"/> Hindi <input type="checkbox"/> Oo; Kung oo, ano ang ginawa mo? _____				
6) Nakaranas ka ba na ikaw ay pinilit na makipag-sex? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi				
7) Ikaw ba ay nakaranas ng pang-aabusong pisikal, sexual? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi Kung oo, kanino? _____				
PHYSICAL EXAMINATION				
Body Organ	Normal	Abnormal Findings		Description & Other Findings
Skin	<input type="checkbox"/>	<input type="checkbox"/> Discoloration	<input type="checkbox"/> Dryness	
		<input type="checkbox"/> Lesion (acne)	<input type="checkbox"/> ↓Turgor	
Head and Scalp	<input type="checkbox"/>	<input type="checkbox"/> Bulges /irregularities	<input type="checkbox"/> Lesion	
		<input type="checkbox"/> Tenderness	<input type="checkbox"/> Deformity	
Cheeks	<input type="checkbox"/>	<input type="checkbox"/> Ulcer/Lesion	<input type="checkbox"/> Swelling	
Neck & Lymph Nodes	<input type="checkbox"/>	<input type="checkbox"/> Rigidity	<input type="checkbox"/> Fistula	
		<input type="checkbox"/> Tenderness	<input type="checkbox"/> Swelling/Mass	
Eyes	<input type="checkbox"/>	<input type="checkbox"/> Vision: R__ L__	<input type="checkbox"/> Inflammation	
		<input type="checkbox"/> Lesion	<input type="checkbox"/> Discharge	
Ears	<input type="checkbox"/>	<input type="checkbox"/> ↓ Hearing Acuity: R__ L__	<input type="checkbox"/> Discharge	
		<input type="checkbox"/> Deformity	<input type="checkbox"/> Inflammation	
Nose & Sinuses	<input type="checkbox"/>	<input type="checkbox"/> Deformity	<input type="checkbox"/> Bleeding	
		<input type="checkbox"/> Ulcer/Lesion	<input type="checkbox"/> Discharge	
Mouth & Tongue	<input type="checkbox"/>	<input type="checkbox"/> Inflammation	<input type="checkbox"/> Tongue Deviation	
		<input type="checkbox"/> Ulcer/lesion	<input type="checkbox"/> Deformity	
Teeth & Gums	<input type="checkbox"/>	<input type="checkbox"/> Absent tooth/teeth	<input type="checkbox"/> Bleeding	

		<input type="checkbox"/> Caries	<input type="checkbox"/> Swelling	
Throat, Pharynx & Tonsils	<input type="checkbox"/>	<input type="checkbox"/> Foul odor	<input type="checkbox"/> Inflammation	
		<input type="checkbox"/> Ulcer/Lesion	<input type="checkbox"/> Swelling	
Thyroid	<input type="checkbox"/>	<input type="checkbox"/> Diffuse enlargement	<input type="checkbox"/> Mass/es	
Heart	<input type="checkbox"/>	<input type="checkbox"/> Abnormal sounds	<input type="checkbox"/> Irregular beat	
Chest	<input type="checkbox"/>	<input type="checkbox"/> Tenderness	<input type="checkbox"/> Deformity	
		<input type="checkbox"/> Bulges/Depression	<input type="checkbox"/> Retraction	
Lungs	<input type="checkbox"/>	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Rales /Crackles	
		<input type="checkbox"/> Stridor		
Breast & Axilla	<input type="checkbox"/>	<input type="checkbox"/> Retraction/Dimpling	<input type="checkbox"/> Mass/Nodule	
		<input type="checkbox"/> Enlarged lymph nodes	<input type="checkbox"/> Discharge	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/> Striae	<input type="checkbox"/> Tenderness	
		<input type="checkbox"/> Mass/es	<input type="checkbox"/> Distention	
Spine & Shoulder	<input type="checkbox"/>	<input type="checkbox"/> Tenderness	<input type="checkbox"/> Deformity	
		<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Lordosis	
		<input type="checkbox"/> Kyphosis		
Upper / Lower	<input type="checkbox"/>	<input type="checkbox"/> Deformity	<input type="checkbox"/> Clubbing of nails	
Extremities		<input type="checkbox"/> Edema	<input type="checkbox"/> Tremors	
Anus & Rectum	<input type="checkbox"/>	<input type="checkbox"/> Lesion	<input type="checkbox"/> Stricture	
		<input type="checkbox"/> Mass/es	<input type="checkbox"/> Tenderness	
REPRODUCTIVE TRACT EXAMINATION				
NOTE: Internal examination should be done only among sexually active females.				
FEMALE				
TANNER Stage:		Breasts: _____	Pubic Hair: _____	
	Normal	Abnormal Findings		Description & Other Findings
Vulva	<input type="checkbox"/>	<input type="checkbox"/> Lesion	<input type="checkbox"/> Inflammation	
		<input type="checkbox"/> Swelling	<input type="checkbox"/> Developmental	

			anomalies	
Vagina	<input type="checkbox"/>	<input type="checkbox"/> Lesion	<input type="checkbox"/> Discharge	
		<input type="checkbox"/> Inflammation	<input type="checkbox"/> Mass/es	
Cervix	<input type="checkbox"/>	<input type="checkbox"/> Lesion	<input type="checkbox"/> Discharge	
		<input type="checkbox"/> Inflammation	<input type="checkbox"/> Mass/es	
Uterus	<input type="checkbox"/>	<input type="checkbox"/> Tenderness	<input type="checkbox"/> Enlargement	
		<input type="checkbox"/> Mass(es)	<input type="checkbox"/> Retroversion /retroflexion	
Adnexa		<input type="checkbox"/> Mass/es	<input type="checkbox"/> Tenderness	
M A L E				
TANNER Stage:		Scrotum: _____	Pubic Hair: _____	
	Normal	Abnormal Findings		Description & Other Findings
Penis	<input type="checkbox"/>	<input type="checkbox"/> Lesion	<input type="checkbox"/> Phimosis	
		<input type="checkbox"/> Swelling	<input type="checkbox"/> Purulent Discharge	
Scrotum	<input type="checkbox"/>	<input type="checkbox"/> Lesion	<input type="checkbox"/> Maldescended testis	
		<input type="checkbox"/> Hernia	<input type="checkbox"/> Tenderness	
Prostate	<input type="checkbox"/>	<input type="checkbox"/> Tenderness	<input type="checkbox"/> Enlargement	
DIAGNOSIS:				
Age	<input type="checkbox"/> Early adolescent (10 - 13y/o) <input type="checkbox"/> 20- 24 y/o		<input type="checkbox"/> Middle adolescent (14- 16 y/o)	<input type="checkbox"/> Late adolescent (17- 19 y/o)
Risky behaviors (from priority to least priority e.g. heavy smoker consuming 10-15 sticks /day, sexually active without using any method to prevent pregnancy or STI)				
Diagnosis for medical chief complaint:				
Management:				

Referred to:
Reason for referral:
Follow-up date: