

## Recording chart for disclosure process

Affix label here

Child's Name:  
Hospital Number:  
DOB:

### Please list main family members or carers

Name	Relationship	Aware of child's diagnosis					
		Y <input type="checkbox"/>	N <input type="checkbox"/>	date:	Y <input type="checkbox"/>	N <input type="checkbox"/>	date:
		Y <input type="checkbox"/>	N <input type="checkbox"/>	date:	Y <input type="checkbox"/>	N <input type="checkbox"/>	date:
		Y <input type="checkbox"/>	N <input type="checkbox"/>	date:	Y <input type="checkbox"/>	N <input type="checkbox"/>	date:
		Y <input type="checkbox"/>	N <input type="checkbox"/>	date:	Y <input type="checkbox"/>	N <input type="checkbox"/>	date:
		Y <input type="checkbox"/>	N <input type="checkbox"/>	date:	Y <input type="checkbox"/>	N <input type="checkbox"/>	date:
		Y <input type="checkbox"/>	N <input type="checkbox"/>	date:	Y <input type="checkbox"/>	N <input type="checkbox"/>	date:

### Please list MDT members involved in disclosure process

Name	Position	Role in disclosure process
<u>Disclosure Lead</u>		

## Disclosure Process

### Date form initiated:

Level of child's knowledge: None or little  Partial  Full   
Date:

Please note what child has been told already (from carer) and mark place on diagram below with date

### Follow-up clinic attendance:

Knows about HIV knowledge



Date:

Germ/virus + fighter cells



Date:

Naming of HIV + CD4



Date:

HIV knowledge + ways of transmission



Date:

Sexual health info



Date:

## Disclosure Plan

<b>Date</b>	Name of parent/carer present: • • •	<b>Description of plan:</b>	
<b>Standard process: list interventions or approaches agreed</b>			<b>Achieved</b>
	1.	Y <input type="checkbox"/> N <input type="checkbox"/> date:	Y <input type="checkbox"/> N <input type="checkbox"/> date:
	2.	Y <input type="checkbox"/> N <input type="checkbox"/> date:	Y <input type="checkbox"/> N <input type="checkbox"/> date:
	3.	Y <input type="checkbox"/> N <input type="checkbox"/> date:	Y <input type="checkbox"/> N <input type="checkbox"/> date:
	4.	Y <input type="checkbox"/> N <input type="checkbox"/> date:	Y <input type="checkbox"/> N <input type="checkbox"/> date:
<b>Extra support (e.g. Psychologist)</b>			
	5.	Y <input type="checkbox"/> N <input type="checkbox"/> date:	Y <input type="checkbox"/> N <input type="checkbox"/> date:
	6.	Y <input type="checkbox"/> N <input type="checkbox"/> date:	Y <input type="checkbox"/> N <input type="checkbox"/> date:
<b>7. Naming conversation: Date:</b>  Persons present: • • •		<b>Child's response &amp; comments :</b> • • •	
<b>Follow-up conversation with child (within 1 month)</b> <b>Contacted by:</b> <b>Date:</b>		<b>Comments</b>	
<b>8. Knowledge of parental HIV</b> Y <input type="checkbox"/> N <input type="checkbox"/>		<b>Comments</b>	
(List names below) • •	<b>9. Wider disclosure (who else informed):</b> Comments		
<b>10. Clinic follow up: Comments (e.g. new concerns, emotional responses etc.)</b>			
<b>11. Adolescent transition plan + Sexual Health education</b>			