

Neoplasms, site:

HIV Care Flow Sheet: Follow-up Visit Demographic and other personal characteristics



Name:								
Date of birth:		Gender	:					
Physician:								
Referred by:								
Ethnicity:			Aborigir	al:				
Active Health Care	Insurance:					M	IRN:	
		DRUG ALLERG	IES / ARV RE	ACTIONS (since Jul	y 2008)		
Drug Allergies/			Report			Drug interaction	on	
Intolerance	Reaction	Onset Date	Date	Antiretr	oviral	with	Reported	d reaction
		OTHER RISK FACT	TORS/RISK FA	CTOR MO	DIFICATI	ON		
	,	Assessment Date	Never	Yes	Used t	o A	mount x Day	,
Smoking								
Alcohol								
Other non-prescrip	tion drugs							
Other risk factor in		Active IDU: Yes	☐ No		Sexual	lly active:	Yes	No
	Date	last used:						
			HIV/AIDS Hist	ory				
First positive HIV to	est date:		CD4 Nadir:					
Risk for acquiring I								
Opportunistic Infec		ning Illness	Date of Dx					
STDs			Date of D					
Other Medical/Sign	nificant C-Morbid	ities						
Cardiovascular di	sease Hepatiti	s B	Other:					
Hypertension	Hepatiti	s C						
Dyslipidemia	Psychia	atric Dx						
Diabetes	Cognitiv							
Renal Disease	Depress							
Osteoporosis								
COPD/Asthma								



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MEASUREMENTS/SCREENING/IMMUNIZATION

Measurements	
Weight (kg)	
Height (cm)	
BMI	
Blood Pressure	
Framingham Score	
CD4 counts	
CD4 fraction	
HIV p-VL	

STD's	
Syphilis (RPR)/Titers	
Gonorrhea	
Chlamydia	
Trichomonas	

Screening serology	Result	Date	
HBs Ag			
HBs Ab			
	IU:		
HBc Ab			
HBe Ag			
HBe Ab			
HBV DNA			
HDV			
Alpha pheto-prot			
Liver U/S			
HCV Ab			
HCV RNA			
HCV Genotype			
Fibroscan			
Liver U/S			
Anti-HAV			
Toxoplasmosis (IgG)			
HLA-B*5701			
Non-Serology Screening	Result	Date	
Pap smear			
Chapt v. rova			
Chest x-rays			
PPD			
Colposcopy /			
Anoscopy			

Immunization	Result	Date	
Hepatitis B #1			
Hepatitis B #2			
Hepatitis B #3			
Hepatitis A #1			
Hepatitis A #2			
Hepatitis A #3			
Pneumovax #1			
Pneumovax #2			
dT			
Flu Vaccination			
H1N1 Vaccination			

ARV List	<u> </u>		
ARV	Start	Stop	

	Concomitant Medications					
	Medication Name	Dose/Frequency	Start	Last		
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Signature:

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Complexity Scoring Indicators							
Assessment Date:	· · · ·						
Indicators		Unstable	In transition	Stable			
Housing/Food/Incom	ne						
Addictions & Mental	Health						
Engagement & Adhe	erence						
Medical Complexity							
			;	Score:			
		Wo	men's Health				
Assessment Date:							
Parity: G: P: A: Last normal menstrual period: Currently Pregnancy: Yes No Pregnancy intentions: Yes Definitely not Choice Tubal/hysterectomy Menopause Other: Type of contraception/protection: Non-serology screening Result Date							
Oral contraceptive pill (estrogen-progestin) Vaginal contraceptive ring Progestin-only contraceptive pill Copper intrauterine device Female Condoms Sponge Transdermal Contraceptive Patch Depot Medroxyprogesterone Acetate Hormonal Intrauterine System Male Condon Diaphragm Other:							
Date of Visit:							
Comments:							
ICD-9 Code: 1)			Visit Date	Referred to			
2)							
3)							

Date: