



**PSYCHOSOCIAL INFORMATION**

Housing Status:

Income Source:

Support Network: (is client connected to a support system?)

**HIV-RELATED REFERRALS**

HIV Specialist Referral

Name:

Counselling / Support Referral

Name:

Other Specialist in HIV Care

Name:

Case Manager

Name:

**SELF-MANAGEMENT** Medication Adherence Symptom / Side-Effect Monitoring Weight Management Preventing Transmission Increased Physical Activity Resource Utilization Balanced Diet Addictions Counselling Smoking Cessation Stress Management Effective Communication with  
Health Care Providers Patient Empowerment/Understanding of HIV  
Disease and Tx