BRITISH COLUMBIA
CENTRE *for* EXCELLENCE
in HIV/AIDS

HIV Care Flow Sheet: Follow-up Visit

Demographic and other personal characteristics

Name:

Date of birth: **Gender:**

Physician:

Referred by:

Ethnicity: **Aboriginal:**

Active Health Care Insurance: | **MRN:**

DRUG ALLERGIES / ARV REACTIONS (since July 2008)

Drug Allergies/ Intolerance	*Reaction*	*Onset Date*

Report Date	*Antiretroviral*	*Drug interaction with*	*Reported reaction*

OTHER RISK FACTORS/RISK FACTOR MODIFICATION

	Assessment Date	Never	Yes	Used to	Amount x Day
Smoking		☐	☐	☐	
Alcohol		☐	☐	☐	
Other non-prescription drugs					
		☐	☐	☐	

Other risk factor information **Active IDU:** ☐ Yes ☐ No **Sexually active:** ☐ Yes ☐ No

Date last used:

HIV/AIDS History

First positive HIV test date: **CD4 Nadir:**

Risk for acquiring HIV:

Opportunistic Infections / AIDS Defining Illness	**Date of Dx**

STDs	**Date of D**

Other Medical/Significant C-Morbidities

- ☐ Cardiovascular disease
- ☐ Hypertension
- ☐ Dyslipidemia
- ☐ Diabetes
- ☐ Renal Disease
- ☐ Osteoporosis
- ☐ COPD/Asthma
- ☐ Neoplasms, site: __________

- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ Psychiatric Dx
- ☐ Cognitive imp.
- ☐ Depression

Other:

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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		

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		

Non-Serology Screening	Result	Date
Pap smear		
Chest x-rays		
PPD		
Colposcopy / Anoscopy		

ARV List

ARV	Start	Stop

Concomitant Medications

Medication Name	Dose/Frequency	Start	Last

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Complexity Scoring Indicators

Assessment Date:

Indicators	**Unstable**	**In transition**	**Stable**
Housing/Food/Income	☐	☐	☐
Addictions & Mental Health	☐	☐	☐
Engagement & Adherence	☐	☐	☐
Medical Complexity	☐	☐	☐

Score:

Women's Health

Assessment Date:

Parity: G: **P:**   **A:**   **Last normal menstrual period:**

Currently Pregnancy: ☐ Yes ☐ No

Pregnancy intentions: ☐ Yes ☐ Maybe ☐ Definitely not
- ☐ Choice
- ☐ Tubal/hysterectomy
- ☐ Menopause
- ☐ Other:

Type of contraception/protection:
- ☐ 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:

Non-serology screening	**Result**	**Date**
Mammography		

Date of Visit:

Comments:

ICD-9 Code: 1)

2)

3)

Visit Date	**Referred to**

Signature: ______________________ **Date:** ____________