

## **HIV PATIENT CARE FLOW SHEET**

(Adult Female)

NAME OF PATIENT					D	ate of Birth (dd/mm/y	yyy) Age	Sex	PHN		Height
						1 1					
Date of Initial Diames	: (dd/	mm/yyyy)	IIV/AIDS	HISTO		fining Illness		Date of Dx		cal Hx / Significar	nt Co-Morbidities
Date of Initial Diagnos					AIDS DE	III III III III III III III III III II		Date of DX	Cardiovascula		
Confirmed Result on File: Yes No									Hypertension		lepatitis B
Mode of HIV Transmission:   ☐ MSM									☐ Dyslipidemia		lepatitis C
CD4 Nadir (Abs, %): Result: Date: (dd/mm/yyyyy)									Diabetes		lematological Dx
HIV Drug Resistance Test (Genotype) Complete: Yes No (Test after primary infection or on 1st viral load sample)									Psychiatric D	isorder N	leurological Dx
GYNECOLOGICAL HI						_			1	Sexual Health Hist	
First Day of Last Menstrual Period (LPM):					Menopause Yes No			Sexually Active	: Ye	es 🔲 No	
Menstrual Cycle Length: Every days					Irregul	ar					
Pregnancy Hx: Number of Pregnancies Live Births Abortions M					scarria	ges			Contraception:	∐ Y∈	es □No
Pregnancy Intentions:					Risk Reduction	Provided: Y	es 🗌 No				
Su	bstance Use Hist	ory					Alle	ergies / In	tolerances / Drug	g Reactions	
Smoking: Act		ormer	Ne	ever							
	tive	ormer	N∈	ever							
IDU: Ac	ever										
Marijuana: Active Former Never											
Other:											
		Active	Fo	ormer							
		Active		ormer							
Antiretrovi	ral Medication		Al Start D		ROVIRAL (ART) THERAPY HISTORY  Stop Date Reason for Discontinuation						
7 (11(1) 01) 07(1)	rai wedication		Otarr B		Otop Bate				Tioddon for B	7000TitiTidatioT	
					_						
			atory Te				& pVL		nths or as indica		
00.0	Baseline Date /	Baseline Date / Result		Date / Result			Date / R		Result	Date	/ Result
CD4 Count											
CD4 Fraction											
HIV Plasma Viral Load (pVL)											
Weight											
Blood Pressure											
SCREENING (All at	baseline and repe	eat as nece	essary)	IMN	IUNIZ <i>i</i>	ATIONS (Det	ermine u	se of imm	unization in relatio	on to CD4 count, i	refer to guidelines)
Screening	Date	Re	sult			Guio	lelines		Date	Notes (e.g. imi	mune, declined, etc.)
Anti-HAV			Нер А								
HBs Ag				Hep A		For those susceptibe, 3 doses required					
HBs Ab				Hep A - #3							
HBc Ab				Hep B -	- #1	For those	suscentible <sup>6</sup>				
Anti-HCV			Hep B - #2		- #2	For those susceptible <sup>e</sup> Double regular does for each  vaccine					
Toxoplasmosis (IgG)				Hep B -	- #3	Va	JOIN TO				
Syphilis RPR				Pneum	ovax	All at baseline 8 5 y	repeat onc	e after			
PPD				Tetanus diptheri		Routine boo	osters q10 y	rs			
Chest X-Ray				Influenz	za	All a	nnually				
HLA-B*5701 <sup>a</sup>		(circle) b Upo		b Upon i	B*5701 complete for all at baseline or prior to initiating therapy w/ abacavir initiation of care, repeat at 6 months. If both normal, continue annually						
Pap Smear <sup>b</sup>				c Compl d Follow		bnormal pap delines					
Colposcopy <sup>c</sup>							nes for spe	cific dosing	for Hep B immuniza	ations	
Mammogramd	1									CONTINUE	ON REVERSE

PSYCHOSOCIAL INFORMATION										
Housing Status:										
Income Source:										
Support Network: (is client connected to a support system?)										
HIV-RELATED REFERRALS										
HIV Specialist Referral	Name:	TED HEI EHHALO								
Counselling / Support Referral Name:										
Other Specialist in HIV Care Name:										
Case Manager	Case Manager Name:									
SELF-MANAGEMENT										
Medication Adherence	Sympton / 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							