British Columbia Centre *for* Excellence *in* HIV/AIDS

HIV PATIENT CARE FLOW SHEET

(Adult Female)

NAME OF PATIENT	Date of Birth (dd/mm/yyyy)	Age	Sex	PHN	Height
	/ /				

HIV/AIDS HISTORY

Date of Initial Diagnosis: (dd/mm/yyyy)	AIDS Defining Illness	Date of Dx
Confirmed Result on File: ☐ Yes ☐ No		
Mode of HIV Transmission: ☐ MSM ☐ IDU ☐ Heterosexual ☐ Vertical ☐ Other		
CD4 Nadir (Abs, %): Result: Date: (dd/mm/yyyy)		
HIV Drug Resistance Test (Genotype) Complete: ☐ Yes ☐ No (Test after primary infection or on 1st viral load sample)		

Other Medical Hx / Significant Co-Morbidities

- ☐ Cardiovascular Disease
- ☐ Bone Disease
- ☐ Hypertension
- ☐ Hepatitis B
- ☐ Dyslipidemia
- ☐ Hepatitis C
- ☐ Diabetes
- ☐ Hematological Dx
- ☐ Psychiatric Disorder
- ☐ Neurological Dx

GYNECOLOGICAL HISTORY

- First Day of Last Menstrual Period (LPM): Menopause ☐ Yes ☐ No
- Menstrual Cycle Length: Every _____ days ☐ Regular ☐ Irregular
- Pregnancy Hx: Number of Pregnancies_____ Live Births_____ Abortions_____ Miscarriages_____
- Pregnancy Intentions: ☐ Yes ☐ No ☐ Undecided

Sexual Health History

- Sexually Active: ☐ Yes ☐ No
- Contraception: ☐ Yes ☐ No
- Risk Reduction Provided: ☐ Yes ☐ No

Substance Use History

Smoking:	☐ Active	☐ Former	☐ Never
Alcohol:	☐ Active	☐ Former	☐ Never
IDU:	☐ Active	☐ Former	☐ Never
Marijuana:	☐ Active	☐ Former	☐ Never
Other:			
_____	☐ Active	☐ Former	
_____	☐ Active	☐ Former	

Allergies / Intolerances / Drug Reactions

ANTIRETROVIRAL (ART) THERAPY HISTORY

Antiretroviral Medication	Start Date	Stop Date	Reason for Discontinuation

HIV Laboratory Testing / Assessment (CD4 & pVL q3-4 months or as indicated)

	Baseline Date / Result	Date / Result	Date / Result	Date / Result
CD4 Count				
CD4 Fraction				
HIV Plasma Viral Load (pVL)				
Weight				
Blood Pressure				

SCREENING (All at baseline and repeat as necessary)

Screening	Date	Result
Anti-HAV		
HBs Ag		
HBs Ab		
HBc Ab		
Anti-HCV		
Toxoplasmosis (IgG)		
Syphilis RPR		
PPD		
Chest X-Ray		
HLA-B*5701[a]		Positive / Negative (circle)
Pap Smear[b]		
Colposcopy[c]		
Mammogram[d]		

IMMUNIZATIONS (Determine use of immunization in relation to CD4 count, refer to guidelines)

	Guidelines	Date	Notes (e.g. immune, declined, etc.)
Hep A - #1	For those susceptibe, 3 doses required		
Hep A - #2			
Hep A - #3			
Hep B - #1	For those susceptible[e] Double regular does for each vaccine		
Hep B - #2			
Hep B - #3			
Pneumovax	All at baseline & repeat once after 5 years		
Tetanus, diptheria (Td)	Routine boosters q10 yrs		
Influenza	All annually		

a HLA-B*5701 complete for all at baseline or prior to initiating therapy w/ abacavir
b Upon initiation of care, repeat at 6 months. If both normal, continue annually
c Complete for abnormal pap
d Follow BC Guidelines
e Refer to Primary Care Guidelines for specific dosing for Hep B immunizations

CONTINUED ON REVERSE...

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	☐ 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