

# HIV PATIENT CARE FLOW SHEET

(Adult Male)

NAME OF PATIENT		Date of Birth (dd/mm/yyyy) / /	Age	Sex	PHN	Height
HIV/AIDS HISTORY			Other Medical Hx / Significant Co-Morbidities			
Date of Initial Diagnosis: (dd/mm/yyyy)	AIDS Defining Illness	Date of Dx	<input type="checkbox"/> Cardiovascular Disease	<input type="checkbox"/> Bone Disease		
Confirmed Result on File: <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Hypertension	<input type="checkbox"/> Hepatitis B		
Mode of HIV Transmission: <input type="checkbox"/> MSM <input type="checkbox"/> IDU <input type="checkbox"/> Heterosexual <input type="checkbox"/> Vertical <input type="checkbox"/> Other			<input type="checkbox"/> Dyslipidemia	<input type="checkbox"/> Hepatitis C		
CD4 Nadir (Abs, %): Result:      Date: (dd/mm/yyyy)			<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hematological Dx		
HIV Drug Resistance Test (Genotype) Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Test after primary infection or on 1st viral load sample)</small>			<input type="checkbox"/> Psychiatric Disorder	<input type="checkbox"/> Neurological Dx		
Allergies / Intolerances / Drug Reactions		Substance Use History		Sexual Health History		
		Smoking: <input type="checkbox"/> Active <input type="checkbox"/> Former <input type="checkbox"/> Never		Sexually Active: <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Alcohol: <input type="checkbox"/> Active <input type="checkbox"/> Former <input type="checkbox"/> Never		Risk Reduction: <input type="checkbox"/> Yes <input type="checkbox"/> No		
		IDU: <input type="checkbox"/> Active <input type="checkbox"/> Former <input type="checkbox"/> Never				
		Marijuana: <input type="checkbox"/> Active <input type="checkbox"/> Former <input type="checkbox"/> Never				
		Other: _____				
		_____ <input type="checkbox"/> Active <input type="checkbox"/> Former				
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	Date / Result	
CD4 Count						
CD4 Fraction						
HIV Plasma Viral Load (pVL)						
Weight						
Blood Pressure						
SCREENING (All at baseline and repeat as necessary)			IMMUNIZATIONS (Determine use of immunization in relation to CD4 count, refer to guidelines)			
Screening	Date	Result	Guidelines	Date	Notes (e.g. immune, declined, etc.)	
Anti-HAV			Hep A - #1			
HBs Ag			Hep A - #2	For those susceptible, 3 doses required		
HBs Ab			Hep A - #3			
HBc Ab			Hep B - #1			
Anti-HCV			Hep B - #2	For those susceptible <sup>b</sup> Double regular doses for each vaccine		
Toxoplasmosis (IgG)			Hep B - #3			
Syphilis RPR			Pneumovax	All at baseline & repeat once after 5 years		
PPD			Tetanus, Diphtheria (Td)	Routine boosters q10 yrs		
Chest X-Ray			Influenza	All annually		
HLA-B*5701 <sup>a</sup>		Positive / Negative (circle)	<small>a HLA-B*5701 complete for all at baseline or prior to initiating therapy w/ abacavir b Refer to Primary Care Guidelines for specific dosing for Hep B immunizations</small>			
PSYCHOSOCIAL INFORMATION			HIV-RELATED REFERRALS			
Housing Status:			HIV Specialist Referral (name):			
Income Source:			Counselling / Support Referral (name):			
Support Network: (Is client connected to a support system?)			Other Specialist in HIV Care (name):			
			Case Manager (name):			
SELF-MANAGEMENT						
<input type="checkbox"/> Medication Adherence	<input type="checkbox"/> Symptom / Side-Effect Monitoring	<input type="checkbox"/> Weight Management	<input type="checkbox"/> Preventing Transmission			
<input type="checkbox"/> Increased Physical Activity	<input type="checkbox"/> Resource Utilization	<input type="checkbox"/> Balanced Diet	<input type="checkbox"/> Addictions Counselling			
<input type="checkbox"/> Smoking Cessation	<input type="checkbox"/> Stress Management	<input type="checkbox"/> Effective Communication with Health Care Providers	<input type="checkbox"/> Patient Empowerment/Understanding of HIV Disease and Tx			