

Immunodeficiency Services

Current Antiretroviral Regimen:

- 1.
- 2.
- 3.
- 4.
- 5.

Doses Missed in the past 2 days: _____

Current Prophylaxis Regimen:

- 1.
- 2.
- 3.
- 4.
- 5.

Other medications:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Name: _____

MR#: _____ DOB: _____

Date: _____

VITAL SIGNS:

Weight: _____

T: _____ P: _____

CHIEF COMPLAINT

Karnofsky: _____

Height: _____

R: _____

BP: _____

Last CD4: _____ date: _____

Last HIV-RNA: _____ date: _____

Safer sex discussed? _____

Family planning methods: _____

Other significant test results: _____

PHYSICAL EXAM

HEENT

Chest

Cor

Abdomen

Nodes

Rectal

Skin

Neck

Ext

Neuro

Genit

Other

GYN History:

LMP date: _____

Last pelvic/PAP date: _____

Last mammogram date: _____

Pregnant/Weeks Gestation: _____

PELVIC EXAM

Vagina

Uterus

Breast

Cervix

Adnexae

ASSESSMENT/PLAN:

Circle

Labs

Ordered:

CBC

CD4

HIV-RNA

Chem

LFT's only

Blood AFB

PT/PTT

CMV IgG

HIV genotype

U/A

CXR

RPR

Other: