

Pharmacotherapy Services

Current Antiretroviral Regimen (start date):

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

Doses Missed in the past 2 days: _____

Reason: _____

Current Prophylaxis Regimen:

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

Other medications:

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

Name: _____ MR# _____

DOB: _____ Age: _____

Date: _____ Pharm.D. _____

VITAL SIGNS:

Weight: _____ (kg) Height: _____ (cm) M²: _____ date: _____

Accompanied by:

Support/Caregiver:

CHIEF COMPLAINT

Previous ARV exposures:

Last CD4: _____ date: _____ Last HIV-RNA: _____ date: _____

Last CD4: _____ date: _____ Last HIV-RNA: _____ date: _____

PHARMACOLOGIC ASSESSMENT:

Dose too high

ADRs

Unnecessary drug

Interaction/food

Dose too low

Education

Lack of viral suppression

Interaction/drug

Dosing schedule

Therapy required

Non-adherence

RECOMMENDATIONS/PLAN: