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|  C:\Users\fbm20\Documents\Outreach\Logo AETC-SE-graphic-ID-200w.png |

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 **HIV/AIDS TELEHEALTH CLINIC**

**INITIAL CASE PRESENTATION**

|  |  |  |  |
| --- | --- | --- | --- |
| REASON FOR CASE PRESENTATION |  | PRESENTATION DATE |  |
| CLINICIAN |  |
| PHONE |  |
| EMAIL |  |
| PATIENT IDENTIFIER |  |
| GENERAL INFORMATION | AGE | GENDER | HEIGHT | WEIGHT | CURRENTCD4 | CURRENTHIV RNA |
|  |  |  |  |  |  |
| MEDICAL & PSYCHIATRIC HISTORY |  |  |
|  |
| PERTINENT SOCIAL HISTORY |  |  |
| PHYSCIAL FINDINGSPERTINENT LABS (ATTACH MOST RECENT LABS AND PRIOR RESISTANCE TESTING RESULTS WITH DATES) |  |  |
| CURRENT CD4 |  |  |
| CURRENT HIV RNA |  |  |
| CURRENT MEDS (INCLUDING DOSES) OR ATTACH CURRENT LIST |  |  |
| ADVERSE MEDICATION REACTIONS OR ALLERGIES  |  |  |
| ADDITIONAL COMMENTS |  |  |