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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 | | CURRENT  CD4 | CURRENT  HIV RNA |
|  |  |  |  | |  |  |
| MEDICAL & PSYCHIATRIC HISTORY |  | | |  | | | |
|  | | | |
| PERTINENT SOCIAL HISTORY |  | | |  | | | |
| PHYSCIAL FINDINGS  PERTINENT 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 |  | | | |  | | | |