



PrEP Orientation Sheet

Vanderbilt Comprehensive Care Clinic

Name _____ DOB: _____ MRN: _____

Did the client confirm/update their information with the front desk? Yes No

Assess the following:

HIV Test

- Results:
 - Negative
 - Preliminary Positive
- Risk Assessment Completed
- Risk reduction messages and condoms

Knowledge about PrEP

- Patient understanding of PrEP
- Misconceptions about PrEP
- Understanding of health info

Readiness and Willingness to Adhere to PrEP

- Potential barriers to daily adherence
 - Yes _____
 - No

Primary Care

- Does the patient have a primary care and/or OB/GYN provider?
 - Yes _____
 - Release form signed
- If not, referral provided.

PrEP Payment Method

- Insurance
- Charity Care
- Gilead Assistance Program
- Needs Follow-up with Ashley

Partner Information

- Partner(s) are known to be HIV-infected
 - Is partner(s) receiving ART?

Yes	No	Unsure
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 - Partner (s) Viral Load/CD4?

VL _____	CD4 _____
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Domestic Violence

- If reported on risk assessment, appropriate referrals were made

Housing Status

- Stable
- Unstable, closely monitor over time for any changes

Reproductive Plans (for women)

- Using contraception *type* _____
- Trying to conceive
- Currently pregnant *due date* _____
- Currently breastfeeding

Laboratory Tests

- Labs drawn
- Swabs by provider
 - Completed
 - To be done at 1st Clinic visit

Allergies? _____

