Ryan White Primary Care Medical Care
Primary Care HIV Flow Sheet

Name: _____
DOB: _____/_____/_____
Gender: [M] [F] [M2F] [F2M]
Ethnicity: _____

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Start date: ____/____/____ **End date:** ____/____/____

Patient height: _____ **Patient weight at intake:** _____ **CD4 nadir:** _____

Date of HIV diagnosis: ____/____/_____ **Risk factor(s):**_____

Date of AIDS diagnosis: ____/____/_____ **Criteria:**_____

Vaccination Dates

Hep A #1:	Hep A #2:	Hep B #1:	Hep B #2:	Hep B #3:
Flu shot #1:	Flu shot #2:	Flu shot #3:	Tetanus:	Pneumovax:

HIV-related complications				
Current allergies				
Reproductive hx	G:	P:	AB:	BCM:

HIV Care History (date and result)

Date												
CD4												
CD4%												
HIV RNA												

Resistance Testing (genotype, phenotype or GT)

Date	Test Type	Result

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Risk Assessment (date completed): ___/____/___ ___/____/___ ___/____/___ ___/____/___ ___/____/___

___/____/___ ___/____/___ ___/____/___ ___/____/___ ___/____/___ ___/____/___ ___/____/___

Serology (date/result)

Hep A IgG	/	**Hep Bs** Ab	/	**Toxoplasma**	/
Hep Bs Ag	/	**Hep C** Ab	/	**CMV**	/
Hep Bc Ab	/		/		/

Blood Chemistry (date/result)

Glucose	/	/	/	/	/
Total Cholesterol	/	/	/	/	/
HDL	/	/	/	/	/
LDL	/	/	/	/	/
Triglycerides	/	/	/	/	/
	/	/	/	/	/
	/	/	/	/	/
	/	/	/	/	/

STD Screenings (date/result)

Syphilis	/	/	/	/	/	/
	/	/	/	/	/	/
GC	/	/	/	/	/	/
	/	/	/	/	/	/
Chlamydia	/	/	/	/	/	/
	/	/	/	/	/	/
	/	/	/	/	/	/
	/	/	/	/	/	/
	/	/	/	/	/	/

TB, Pap and Other Screenings (date/result)

PPD	/	/	/	**Cervical Pap**	/	/	/
Chest x-ray	/	/	/	**Mammogram**	/	/	/
Anal Pap	/	/	/		/	/	/
	/	/	/		/	/	/

Referral date

Dental (annually)				**Medical nutrition therapy**			
Mental health				**Adherence counseling**			
Substance abuse				**Ophthalmologist** (CD4 <50)			
Case management				**Clinical trials**			