

## **Patient Review Form**

Visit date

Initials/Pt. identifier

Age

Gender

Newly diagnosed

Ongoing review

# **History**HIV History

Date of diagnosis (dd/mm/yy)

Last negative test (dd/mm/yy)

History of AIDS-defining illnesses:

CD4 count nadir:

**HIV** treatment history:

Current ART:

Past ART (including dates/reason for switch):

## **Medical History**

Previous physical illness:

Mental Health History:

Current medicines (other than ART):			
Complementary and alternative medicines:			
Allergies:			
Adverse effects of medication (if relevant):			
Always consider drug-drug interactions when new mhttps://www.hiv-druginteractions.org/	edications are ini	tiated or HIV trea	atment is switched:
Please report any adverse events to the relevant phawww.tga.gov.au/reporting-problems	rmaceutical comp	oany in Australia	or at
Adherence to ART therapy:	1	1	
Number of missed doses in the last month:	None	1-3	> 3
Family History (medical):			

Drug and Alcohol use:				
Smoking:				
Diet and exercise:				
Sexual Health:				
Relationship/Supports:				
Employment:				
Examination				
Blood pressure:				
Height:				
Weight:				
BMI:				
Waist circumference:				
Physical examination:				
Assessment				
HIV investigations:				
Plasma HIV-1 RNA (viral load):			CD4 count:	
Is patient immunosuppressed?	Yes	No		
Genotypic resistance test result:				
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Negative

Not done

**Lifestyle History:** 

HLA-B\*5701

Positive

#### **Presence of Co-infection:**

## **Vaccination required:**

Tuberculosis	Yes	No	NA	
Syphilis	Yes	No	NA	
Chlamydia	Yes	No	NA	
Gonorrhoea	Yes	No	NA	
Hepatitis A	Yes	No	Yes	No
Hepatitis B	Yes	No	Yes	No
Hepatitis C	Yes	No	NA	
Toxoplasmosis	Yes	No	NA	
Cytomegalovirus	Yes	No	NA	

#### Additional vaccinations required:

Influenza virus	Yes	No
Strep pneumoniae	Yes	No
Diptheria, tetanus, pertussis	Yes	No
Meningococcal B	Yes	No
Meningococcal ACWY	Yes	No
Human Papilloma Virus	Yes	No
Varicella	Yes	No
Zoster	Yes	No
Measles, mumps, rubella	Yes	No

#### **Co-morbidities:**

Existing co-morbidities:

#### Haematology:

Full blood count: Normal

Follow-up/referral required

Cardiovascular:			
Lipids:			
Total cholesterol (mmol/L):	LDL-C	(mmol/L):	HDL-C (mmol/L):
Triglycerides (mmol/L):	Absolute (	cardiovascu	ılar risk*:
			www.cvdcheck.org.au
			*National Vascular Disease Prevention Alliance 2012.
Diabetes:			
Fasting plasma glucose (mmol/L):			HbA <sub>10</sub> :
AUSDRISK score:			
https://www.diabetesaustralia.com.ar	u/risk-calcula	<u>tor</u>	
Liver:			
LFTs: Normal Abn	ormal		
I			
Renal:			
Urinalysis:	Protein/Cre	eatinine rati	o: eGFR:
Bone:			
Calcium (mmol/L):	Phosphate (m	nmol/L):	FRAX score*:
25(OH) vitamin D:			
*https://www.sheffield.ac.uk/FRAX/to	ol.aspx?coun	ntrv=31	
Cognitive:			Depression:
Further assessment required Yes	N	lo	Further assessment required Yes No
Cancer:			
Is the following screening due to be per	formed:		
Cervical cancer	Yes	No	NA
Colon cancer	Yes	No	
Breast cancer	Yes	No	NA
Prostate cancer	Yes	No	NA
Skin cancer	Yes	No	

Yes

No NA

Anal cancer

## Plan

Tick the management issues identified for this patient that require follow-up and document the plan for further investigation/follow-up.

(Note: if an issue is not relevant to this patient then no further information is required).

Management issue(s) identified	Next planned test / assessment (proposed timeframe for follow-up)	Further investigation of management issue identified
Detectable HIV viral load Assess viral load at baseline then 3-6 monthly		
HIV drug resistance Assess at baseline then if virological failure		
Immunosuppression CD4 count: Assess at baseline then 3-6 monthly; annually if stable		
Medication related issues (e.g. adherence/adverse effects) Assess every visit		
Psychosocial issues Assess every visit		
Lifestyle issues Assess every visit		
Co-infections Assess at baseline than as per frequency noted in HIV Monitoring Tool for specific infection identified		
Increased CV Risk Overweight/obesity Dyslipidaemia Hypertension Assess at baseline then annually Smoking Assess every visit		

## Plan

Tick the management issues identified for this patient that require follow-up and document the plan for further investigation/follow-up.

(Note: if an issue is not relevant to this patient then no further information is required).

Management issue(s) identified	Next planned test/assessment (proposed timeframe for follow-up)	Further investigation of management issue identified
<b>Diabetes/Fasting plasma glucose elevated</b> Assess at baseline then annually		
Liver disease Assess at baseline then 3-12 monthly or at start or change of ART		
Renal disease Assess all at baseline then eGFR 3-12 monthly, urinalysis and PCR annually		
Bone disease Assess all at baseline then Ca, P, ALP 6-12 monthly, FRAX score every 2 years		
Cognitive function Assess at baseline then as clinically indicated		
Depression Assess at baseline then as clinically indicated		
Cancer screening Assess at baseline then as per recommended guidelines (see HIV Monitoring Tool)		
Other (provide details):		

## Plan

Proposed action to ensure timely ongoing review of HIV and ongoing monitoring of any issues identified above:

