Medical History/Lab Results

rtClient's 11-Character Code	ARIES Code	Encrypted Unique Record Number

HIV Testing

Date	Testing Location	Test Type (select)	Result	Results Given
____/____/_____	_____	☐ Blood Panel ☐ Oraquick ☐ Orasure	+ / - / Ind	Yes / No

Other Test Results

	Value	Date
❑ CD4	_____	____/____/_____
❑ Viral Load	_____	____/____/_____
❑ ANC	_____	____/____/_____
❑ Hemoglobin	_____	____/____/_____
❑ Platelet Count	_____	____/____/_____
❑ WBC	_____	____/____/_____
❑ Other (select)		____/____/_____

☐ CBC ☐ Chest X-Ray ☐ Genotype ☐ Phenotype

Screening / Treatment

Screening Results	Value	Date
❑ Hepatitis B	+ / -	____/____/_____
❑ Hepatitis C	+ / -	____/____/_____
❑ Syphilis	+ / -	____/____/_____
❑ STD	+ / -	____/____/_____
❑ TB	+ / - / Ind / Unk	____/____/_____

Treatment Results	Date
❑ Hepatitis B	____/____/_____
❑ Hepatitis C	____/____/_____
❑ Syphilis	____/____/_____
❑ STD	____/____/_____
❑ TB	____/____/_____

Type of TB:

- ❑ TX of Latent Infection (LTBI)
- ❑ Tx for Active disease
- ❑ Unk (no return; LTF)

TB Status:

- ❑ Completed Tx
- ❑ Current Tx
- ❑ Unk (incomplete Tx; LTF)

Screening / Treatment

	Date
❑ Hepatitis B Vaccination Series Completed	____/____/_____
❑ Pneumocystis pneumonia (PCP) Prophylaxis	____/____/_____

Medical History/Lab Results

Pap/Pelvic Examinations Value Date

- ❑ Pap Smear (M/F) _____ ____/____/_____
- ❑ Pelvic Exam (F) _____ ____/____/_____

Stage of Illness

- ❑ HIV+, Not AIDS
- ❑ HIV+, AIDS

Medical Therapy:

- ❑ Antiretroviral Therapy (select) Date Prescribed: ____/____/_____
  - ❑ HAART
  - ❑ Other (mono or dual therapy)
  - ❑ Salvage

AIDS-Defining Condition*: Date Diagnosed: ____/____/_____

- ❑ Candidiasis, bronchi, trachea, lungs or esophagus
- ❑ Coccidioidomycosis, disseminated or extrapulmonary
- ❑ Cryptococcosis, extrapulmonary
- ❑ Cryptosporidiosis, chronic intestinal
- ❑ Cytomegalovirus (CMV) disease, other than liver, spleen or nodes
- ❑ Cytomegalovirus (CMV) retinitis – with loss of vision
- ❑ Encephalopathy, HIV-related
- ❑ Histoplasmosis, disseminated or extrapulmonary
- ❑ Herpes simplex, chronic ulcer(s), bronchitis, pneumonitis, or esophagitis
- ❑ Isosporiasis, chronic intestinal
- ❑ Kaposi's sarcoma
- ❑ Lymphoid interstitial pneumonitis (Pediatric)
- ❑ Lymphoma, Burkitt's immunoblastic, or primary of the brain
- ❑ Mycobacterium avium or M. kansasii, extrapulmonary
- ❑ Mycobacterium tuberculosis, any site
- ❑ Mycobacterium, other or unidentified
- ❑ Pneumocystis carinii pneumonia
- ❑ Pneumonia, recurrent
- ❑ Progressive multifocal leukoencephalopathy
- ❑ Salmonella septicemia, recurrent
- ❑ Toxoplasmosis of the brain
- ❑ Wasting Syndrome, HIV-related

Checkup Results:

Condition Date

_____ ____/____/_____

_____ ____/____/_____

_____ ____/____/_____