

FOLLOW-UP OF IMMIGRANTS OR REFUGEES WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION AFTER RESETTLEMENT

This will satisfy the agreement of the health care provider to document that he/she supplied counseling and any treatment or observation necessary for the proper management of the alien's HIV infection.

NAME OF PATIENT: _____ Date of Birth / /
Mo/ day /yr

Sex _____ Country of Birth _____

Race _____ Ethnicity _____

Date of Patient's first visit / / Date of patient's most recent visit / /
Mo/ day /yr Mo/ day /yr

1. Patient still under your care? Yes No

(a) If no, did you refer to another physician? Yes No

(b) If yes, please give name and address of referring physician.

Name: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

2. Patient's most recent CD4 count is _____ mm²

OR

patient's most recent range: $\geq 500/\text{mm}^2$ 200 - 499/mm² $\leq 200/\text{mm}^2$

Date / /
Mo/ day /yr

3. Patient's most recent viral load _____ units Date / / (Mo/ day /yr)

4. Patient's symptom profile
- Asymptomatic Yes No
- Mild symptoms Yes No
- Opportunistic infections Yes No

5. Is the patient receiving therapy? Yes No
- If yes, please indicate the kind of therapy below:

Therapy	Yes	No	Therapy	Yes	No
Zidovudine (AZT) (Retrovir)			Nevirapine		
Didanosine (ddl) (Videx)			Saquinavir (Invirase)		
Zalcitabine (ddC) (HIVID)			Ritonavir (Norvir)		
Lamivudine (3TC) (Epiver)			Indinavir (Crixivan)		
Stavudine (d4T) (Zerit)			Nelfinavir		
Others, specific:					
Others, specific:					

6. Did your patient receive HIV/AIDS counseling? Yes No
- If yes, was the help of an interpreter necessary? Yes No
- If yes, was an interpreter used? Yes No

If yes, go to 7; if no, go to 8

7. Check all the topics of counseling which were provided?

Topic	Yes	No	Topic	Yes	No
Sexual relationships (condom use)			Pregnancy and risks to the unborn		
Not to donor blood			Breast eating and risk to newborn		
Not to share needles or syringes			Personal care		
Others, specific:					
Others, specific:					

Comments: _____

Note: Additional information for healthcare workers on HIV infection and AIDS is available by calling CDC's National Prevention Information Network at 1-800-458-5231 or by visiting the NPIN website at <http://www.cdcnpin.org>. Patients can obtain additional information and

referrals to services available in their area--in English and in Spanish--from CDC's National AIDS Hotline by calling 1-800-342-2437.

8. Name of Physician (print) _____
Signature _____ Date ____ / ____ / ____ (Mo/ day /yr)

CDC 4-422-1b