

# Prevention Is Care:

## PATIENT RECORD FORM

This form can be used as the basis for discussions with patients about barriers to achieving optimal health and as a checkpoint for future visits. Information elicited may inform an Action Plan that can help patients achieve their goals.

Patient Name/ID:	_____
Appointment Date:	_____
Medical Provider:	_____

What topics were discussed with your patient during today's visit?

- |  |  |
|--|--|
| <input type="checkbox"/> Adherence to medication         | <input type="checkbox"/> None of these topics (patient refused)              |
| <input type="checkbox"/> Reducing risky sexual behaviors | <input type="checkbox"/> None of these topics (other issues took precedence) |
| <input type="checkbox"/> Remaining in medical care       | <input type="checkbox"/> Other _____   |

Did you set a goal with patient at previous visit?

- Yes                       No                       No (Today is patient's first visit)

Was a goal set with the patient at a previous visit?

- |  |   |
|--|---|
| <input type="checkbox"/> Medication adherence            | <input type="checkbox"/> Today is patient's first visit |
| <input type="checkbox"/> Reducing risky sexual behaviors | <input type="checkbox"/> Attending all medical visits   |
| <input type="checkbox"/> Other: _____                    |   |

What is the patient's progress on previous goal:

- |  |   |
|--|---|
| <input type="checkbox"/> No goal set at previous visit | <input type="checkbox"/> Partially achieved previous goal |
| <input type="checkbox"/> No progress on previous goal  | <input type="checkbox"/> Fully achieved previous goal     |

What barriers (if any) did your patient identify during this visit?

<b>ART Adherence</b>	<input type="checkbox"/> Experiences side effects from ART	<input type="checkbox"/> Forgets to pick up prescriptions
	<input type="checkbox"/> Forgets to take medications	<input type="checkbox"/> Cannot pay for medication
	<input type="checkbox"/> Experiencing treatment fatigue	<input type="checkbox"/> Other: _____
<b>Reducing Risky Sexual Behaviors</b>	<input type="checkbox"/> Lacks information about safe sex	<input type="checkbox"/> Uncomfortable discussing safe sex with partners
	<input type="checkbox"/> Does not have access to condoms	<input type="checkbox"/> Experiencing prevention fatigue
	<input type="checkbox"/> Unaware of PrEP and PEP	<input type="checkbox"/> Other: _____
<b>Remaining in Medical Care</b>	<input type="checkbox"/> Feels too sick to attend appointments	<input type="checkbox"/> Does not believe medical care is necessary
	<input type="checkbox"/> Lacks access to transportation	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Is concerned about seeing family/friends at clinic	
<b>Other Barriers</b>	<input type="checkbox"/> Mental health issues	<input type="checkbox"/> Lack of social support
	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Financial concerns
	<input type="checkbox"/> Substance abuse: _____	<input type="checkbox"/> Other: _____

What does the patient state is his or her primary barrier to achieving optimal health?

\_\_\_\_\_

Did you and the patient discuss a plan to overcome this barrier?       Yes       No

What is the plan (or goal) that the patient agrees to work on before the next visit: \_\_\_\_\_

\_\_\_\_\_

Referrals:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Case management        | <input type="checkbox"/> Prevention counseling                 | <input type="checkbox"/> Housing services   |
| <input type="checkbox"/> Partner services       | <input type="checkbox"/> Reproductive health planning          | <input type="checkbox"/> Financial services |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Domestic violence prevention services | <input type="checkbox"/> Support groups     |
| <input type="checkbox"/> Substance use services | <input type="checkbox"/> Food services                         | <input type="checkbox"/> Other: _____       |

## Instructions for Providers

This form can be used to work collaboratively with patients to overcome barriers to achieving optimal health with respect to remaining in medical care, ART adherence, and reducing risky sexual behaviors.

When used in conjunction with the *Prevention IS Care* Action Plan, this form can serve as the basis for ongoing brief conversations with patients to help them achieve their health care goals. As barriers are identified, this form helps providers work with patients to develop strategies to overcome these barriers and negotiate a goal or action plan the patient can work toward before their next visit.

Throughout treatment, this form (and the accompanying *Prevention IS Care* Action Plan) can be used to reinforce success, to negotiate new goals as needed, and to keep patients engaged in their treatment.

## Assessing for Success Throughout a Patient's Care

By using the various sections of this Patient Record Form over several visits, different areas of care can be explored throughout a patient's care.

For example, with a **recently diagnosed patient** it might be most important to focus a brief discussion on probing for barriers to ART adherence, whereas with a **long-standing patient**, a review of risky sexual behaviors might be warranted. Continued use of the form allows health needs to be reevaluated over time, and the treatment plan can be modified as needed.

Successful discussions often include:

- Simple, open-ended (vs "yes/no") questions to encourage discussion  
*"Tell me more about what has changed in your daily routine that makes it harder to remember to take your medicines?"*
- Reflective listening techniques  
*"You said that you do not like using condoms because you can't feel as much. If you're interested, I have some ideas that might help."*
- Negotiating goals that are realistic and attainable, without confrontation or pressure
- Respect for the patient as an expert in their own health and wellbeing, remembering that each patient is unique in what motivates them to change
- Working at the patient's pace
- Negotiating goals that are realistic and attainable.

## Sample Segues into Brief Discussions with Patients...

...about adherence: *"I know that taking medicines every day is not easy to do. In fact, a lot of my patients struggle with it. Do you have any ideas for remembering to take your medicines? Would you be interested in talking about some ways to make that happen?"*

...about sexual behaviors: *"A lot of people find it very difficult to practice safer sex. What helps you practice safer sex, or, if you don't, what stops you from doing so?"*

...about remaining in ongoing care: *"It's very important to your health that I see you for all our scheduled appointments. I'd like to get a sense of whether that will be a problem for you."*

...about ambivalence: *"You've said that you'd prefer not to talk about these issues today. That's okay, but I do hope that we can talk about them at our next visit, because I believe they're important to your health. Now, is there anything else that you'd like to talk about today before we finish up?"*