

Entry system is password protected.

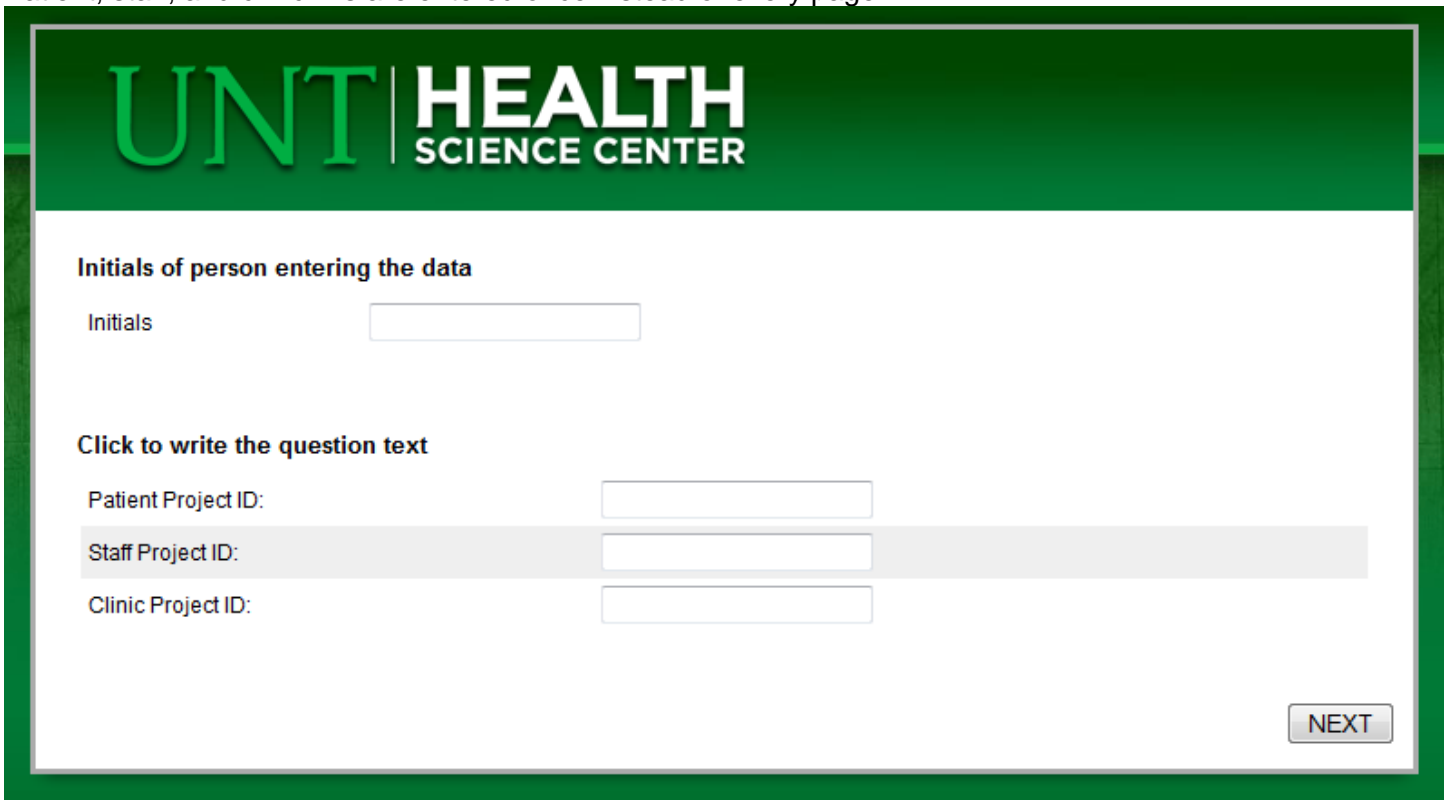


UNT HEALTH SCIENCE CENTER

This survey requires a password.

NEXT

Patient, staff, and clinic IDs are entered once instead of every page



UNT HEALTH SCIENCE CENTER

Initials of person entering the data

Initials

Click to write the question text

Patient Project ID:

Staff Project ID:

Clinic Project ID:

NEXT

Note: Page 2 of 20 of QPIF is for clinic use only and hence not incorporated into the entry system.

Quarterly Patient Information Form

Date:

Patient Project ID:

Has patient had a medical visit with a physician, nurse practitioner or physician's assistant since the last quarterly review?

Yes

No

If patient did not have medical visit with a physician, nurse practitioner or physician's assistant since the last quarterly review, has the patient been seen in the clinic for any reason (e.g. case management, mental health) or had labs drawn in the past 6 months?

Yes

No

If no, state the reason why the patient is not continuing care or has not been seen in the clinic in the past 6 months

Patient has missed scheduled appointments

Yes

Unknown

Patient died

Yes

Unknown

Patient too ill (e.g. hospitalized, nursing home, hospice care)

Yes

Unknown

Moved out of area

Yes

Unknown

Transferred care to another provider

Yes

Unknown

Incarcerated

Yes

Unknown

Voluntary withdraw from project

Yes

Unknown

Don't know/ unsure what happened to patient

Yes

Unknown

Other

Other

Yes

Unknown

****If patient has not been seen in the clinic for any reason AND has not had labs drawn in the past 6 months, STOP***

Patient Information

Has there been a change in insurance status?:

- no yes, patient has a new insurer yes, patient is no longer insured Unknown

If patient has a new insurer please provide the name of new insurer:

Most recent Weight:

Weight:

Date:MM/DD/YYYY

weight (lbs/kg)

- lbs kg

Was patient's blood pressure taken since the last quarterly update?

- no yes

If yes, please provide patient's blood pressure values since the last quarterly update

Blood pressure:

Date:

Blood pressure:

Date:

Blood pressure:

Date:

I. Patient Lab Information:

A. Please update lab information since the last quarterly review

CD4 Was lab drawn?

no

yes

A. Please update lab information since the last quarterly review

Laboratory Test CD4

	Value/Date	Value/Date	Value/Date	Value/Date
cd4 (cells/ μ L and %)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
%	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HIV-1 RNA/DNA NAAT

Was lab drawn

no

yes

Laboratory Test (Cont.)

	Copies/mL:	Copies/mL:	Copies/mL:	Copies/mL:
HIV-1 RNA/DNA NAAT (Quantitative viral load)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(copies/mL) Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

QPIF Page 5-7 of 20: B. Please update laboratory ...
These are broken down into blocks due to space issues on the web page.

Was lab drawn?

	No	Yes
Total Cholesterol (mg/dL)	<input type="radio"/>	<input checked="" type="radio"/>
LDL: (mg/dL)	<input type="radio"/>	<input checked="" type="radio"/>
HDL: (mg/dL)	<input type="radio"/>	<input checked="" type="radio"/>
TG: (mg/dL)	<input type="radio"/>	<input checked="" type="radio"/>
HbA1c (only if diagnosed with diabetes):	<input type="radio"/>	<input checked="" type="radio"/>
Glucose: (mg/dL)	<input type="radio"/>	<input checked="" type="radio"/>
Hemoglobin:	<input type="radio"/>	<input checked="" type="radio"/>
LFTs (units/L)	<input type="radio"/>	<input checked="" type="radio"/>
Bilirubin (mg/dL)	<input type="radio"/>	<input checked="" type="radio"/>
Creatinine	<input type="radio"/>	<input checked="" type="radio"/>
Urinalysis	<input type="radio"/>	<input checked="" type="radio"/>
HBV DNA (if HBV co-infected) (copies/mL)	<input type="radio"/>	<input checked="" type="radio"/>
HCA RNA (if HBV co-infected) (copies/mL)	<input type="radio"/>	<input checked="" type="radio"/>
Syphilis screening	<input type="radio"/>	<input checked="" type="radio"/>

B. Please update laboratory information since the last quarterly review

	Value1	Value2	Value3	Value4
Total Cholesterol (mg/dL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Cholesterol Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Cholesterol (pending)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LDL (mg/dL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LDL Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LDL (pending)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HDL: (mg/dL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HDL Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HDL (pending)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TG (mg/dL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TG: Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TG (pending)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HbA1c (only if diagnosed with diabetes):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HbA1c: Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HbA1c: (pending)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Glucose: (mg/dL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Glucose: Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Glucose: (pending)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hemoglobin: (mg/dL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hemoglobin: (pending)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LFTs (Units/L) ALT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LFTs (Units/L) AST	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LFTs Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LFT Pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bilirubin (mg/dL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bilirubin Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bilirubin Pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Creatinine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Creatinine Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Creatinine Pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Urinalysis

	Value/Date		Value/Date		Value/Date		Value/Date	
	+ protein	- protein	+ protein	- protein	+ protein	- protein	+ protein	- protein
Urinalysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Urinalysis Date

	Value1	Value2	Value3	Value4
Urinalysis Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Was a basic chemistry panel completed?

	Value/Date		Value/Date		Value/Date		Value/Date	
	Y	N	Y	N	Y	N	Y	N
Completed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Basic chemistry Panel DATE completed? or pending

	Value1	Value2	Value3	Value4
Basic chemistry Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HBV DNA

	Value1	Value2	Value3	Value4
(Copies/mL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HCV RNA

	Value	Value	Value	Value
(Copies/mL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Syphilis screening

	Value/Date		Value/Date		Value/Date		Value/Date	
	negative	Positive	negative	Positive	negative	Positive	negative	Positive
Syphilis screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Syphilis screening Date

	Value1	Value2	Value3	Value4
Syphilis screening Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[BACK](#) [NEXT](#)

C. Please provide the following information on viral hepatitis testing since the last quarterly review

Viral Hepatitis

Has the patient ever been tested for HBsAg*?
since the last quarterly update?

	Yes	No	Unknown
HBsAg*?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

If yes, results:

- negative
- positive

Has the patient ever been tested for anti-HBs^?
since the last quarterly update?

	Yes	No	Unknown
Anti-HBs^?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

If yes, results:

- >10 mIU/mL
- <10 mIU/mL

Has the patient ever been tested for anti-HCV‡?
since the last quarterly update?

	Yes	No	Unknown
Anti-HCV‡?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

If yes, results:

- negative
- positive

If anti-HCV test was positive, was a confirmatory test done?

	Yes	No	Unknown
Confirmatory test done?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

If yes, results:

- negative
- positive

*HBsAg = hepatitis B surface antigen

^Anti-HBs = antibody to the hepatitis B surface antigen

‡Anti-HCV = antibody to hepatitis C virus

II. Medication Updates

PA1. Please list all antiretroviral therapy (ART) medications that the patient CURRENTLY takes (at the time of quarterly update)

	Name of Current ART Medications*	Dosage (mg)	Frequency	Start date
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have there been any changes to the patient's ART since last quarterly update?

No

Yes

Has an HLA-B*5701 test been done?

Yes

No

If yes, what was the result of the HLA-B*5701 test?

Negative

Positive

Has a tropism assay been done?

yes

No

If yes, what were the results of Tropism assay?

CCR5 positive

CXCR4 positive

dual or mixed tropism

BACK

NEXT

A2. List all NEW ART medications initiated since last quarterly update

	Name of new ART medication	Dosage	Frequency	Start date
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Due to space, entries wrap around to the next block. The numbers, 1, 2,...,6 indicate which medication goes with which reason.

A3. List all DISCONTINUED ART medications since last quarterly update

	Name of discontinued ART medication	Date Discontinued
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>

A3....

	tolerability	toxicity / side effects	failure	other
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A3.....

	Other Reason for discontinuation
1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>
6	<input type="text"/>

B1. Please list all other medications that the patient CURRENTLY takes (at the time of quarterly update)

Name of Current Medication

	Name of Current Medication	Dosage	Frequency	Start date
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have there been any changes to the patient's other medications (non-HIV medications) since last quarterly update?

No

Yes

B2. List all NEW non-HIV medications initiated since last quarterly update

	Name of new non-HIV medication	Dosage	Frequency	Reason for Initiation	Start date
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BACK

NEXT

Due to space, entries wrap around to the next block. The numbers, 1, 2,...,6 indicate which medication goes with which reason.

B3. List all DISCONTINUED non-HIV medications since last quarterly update

	Name of discontinued non-HIV medication	Date discontinued
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>

Click to write the question text

	tolerability	toxicity / side effects	failure	no longer indicated	Other
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Reason for discontinuation of Medication

	Other Reason for discontinuation
1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>
6	<input type="text"/>

III. Medical History and Allergies Updates

A. Were there any newly diagnosed medical conditions or problems at any time since the last quarterly update?

Yes

No

If yes, list all newly diagnosed medical conditions and problems

	Newly diagnosed medical conditions or new medical problems	Date diagnosed
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>

B. Were there any resolved medical problems at any time since the last quarterly visit?

Yes

No

If yes, list all resolved medical problems

	Newly diagnosed medical conditions or new medical problems	Date diagnosed
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>

C. Were they any newly diagnosed drug allergies since the last quarterly update?

Yes

No

Click to write the question text

	Name of medication	Reaction to medication	Date allergy developed
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>

BACK

NEXT

IV. Tobacco, Drug and Alcohol use

Has patient's smoking status changed since last quarterly update?

yes no Unknown

If yes, how has smoking status changed?

N/A increased amount smoked decreased amount smoked

New Smoker or Quit Smoking

Yes Date

New Smoker

Quit Smoking

Has patient's illegal drug use/abuse of prescription controlled substances changed since last quarterly update?

yes no Unknown

If yes, how has drug abuse status changed?

N/A increased amount smoked decreased amount smoked

New to drugs

Yes Date

New user

Quit using

Has patient initiated or completed substance abuse treatment since last quarterly update?

N/A yes, currently in a program yes, completed a program no Unknown

Has patient's heavy alcohol consumption changed since last quarterly update?

Heavy alcohol consumption for males equals ≥ 5 drinks on any single day or ≥ 15 drinks per week; for women heavy alcohol consumption equals ≥ 4 drinks on any single day or ≥ 8 drinks per week

Yes

No

Unknown

If yes, how has alcohol consumption changed?

N/A

increased drinking

decreased drinking

Click to write the question text

Yes

Date

new heavy drinker

quit drinking

Has patient initiated or completed alcohol abuse treatment since last quarterly update?

N/A

yes, currently in a program

yes, completed a program

no

BACK

NEXT

QPIF Page 13 of 20: V. Immunization History

V. Immunization History

Did client receive any immunizations *at this clinic* since last quarterly update?

Yes

No

If yes, which immunization(s) was provided?

immunization(s)

Date

1

2

3

BACK

NEXT

VI. Clinic Appointment Information

Was patient scheduled for *any* appointments (e.g. medical, case management, mental health, substance abuse) since last quarterly update?

yes

no

Unknown

Please list ALL appointments (medical, case management, mental health, substance abuse) scheduled for the patient in the past 24 months and note if appointment was kept.

Include only one appointment type and date in each box

1. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

1. Date of appointment

1. Was appt. kept?

yes

no

Unknown

2. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

2. Date of appointment

2. Was appt. kept?

yes

no

Unknown

3. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

3. Date of appointment

3. Was appt. kept?

yes

no

Unknown

4. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

4. Date of appointment

4. Was appt. kept?

yes

no

Unknown

5. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

5. Date of appointment

5. Was appt. kept?

yes

no

Unknown

6. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

6. Date of appointment

6. Was appt. kept?

yes

no

Unknown

7. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

7. Date of appointment

7. Was appt. kept?

yes

no

Unknown

8. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

8. Date of appointment

8. Was appt. kept?

yes

no

Unknown

9. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

9. Date of appointment

9. Was appt. kept?

yes

no

Unknown

10. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

10. Date of appointment

10. Was appt. kept?

yes

no

Unknown

11. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

11. Date of appointment

11. Was appt. kept?

yes

no

Unknown

12. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

12. Date of appointment

12. Was appt. kept?

yes

no

Unknown

13. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

13. Date of appointment

13. Was appt. kept?

yes

no

Unknown

14. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

14. Date of appointment

14. Was appt. kept?

yes

no

Unknown

15. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

15. Date of appointment

15. Was appt. kept?

yes

no

Unknown

16. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

16. Date of appointment

16. Was appt. kept?

yes

no

Unknown

***a medical appointment with a physician, nurse practitioner or physician's assistant
†appointment with Case management or a Social Worker**

BACK

NEXT

Due to space, entries wrap around to the next block. The numbers, 1, 2,...,5 indicate entries.

VII. Medication Therapy Management (MTM)

Was documentation of patient's MTM visit(s) received by the clinic?

Yes

No

If yes, complete the following table for each MTM communication received since last quarterly update:

	Date MTM information received at clinic	How MTM information was sent to clinic
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>

If Other, please specify

Other1

Other2

Other3

Other4

Other5

Did provider acknowledge receipt of MTM information?

Yes/ No / unknown

Date

	Yes/ No / unknown	Date
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>

VII. Follow-up

When is patient's next scheduled medical appointment with a physician, nurse practitioner or physician's assistant?

no appointment scheduled

no appointment scheduled

When is patient's next scheduled Medication Therapy Management (MTM) appointment?

no appointment scheduled

no appointment scheduled

Notes

BACK NEXT

ADDITIONAL LABORATORY TEST VALUES

(use if needed to record additional laboratory test values)

Please provide the following laboratory values for the past 24 months

CD4, Was Lab drawn

No

Yes

Please provide the following laboratory values for the past 24 months

Laboratory Test

	Value 1	Value 2	Value 3	Value 4
CD4 cells/uL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Percent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HIV-1 RNA/DNA NAAT, Was lab drawn?

No

Yes

Laboratory Test

	Value 1	Value 2	Value 3	Value 4
HIV-1 RNA/DNA NAAT (Quantitative viral load)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HIV-1 RNA/DNA NAAT Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HIV-1 RNA/DNA NAAT Pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BACK

NEXT

Was lab drawn?

	No	Yes
Total Cholesterol	<input type="radio"/>	<input type="radio"/>
LDL:	<input type="radio"/>	<input type="radio"/>
HDL:	<input type="radio"/>	<input type="radio"/>
TG:	<input type="radio"/>	<input type="radio"/>
HbA1c	<input type="radio"/>	<input type="radio"/>
Glucose:	<input type="radio"/>	<input type="radio"/>
Hemoglobin:	<input type="radio"/>	<input type="radio"/>
LFTs	<input type="radio"/>	<input type="radio"/>
Bilirubin	<input type="radio"/>	<input type="radio"/>
Creatinine	<input type="radio"/>	<input type="radio"/>
Urinalysis	<input type="radio"/>	<input type="radio"/>
HBV DNA	<input type="radio"/>	<input type="radio"/>
HCV RNA	<input type="radio"/>	<input type="radio"/>
Syphilis screening	<input type="radio"/>	<input type="radio"/>

Please provide the following laboratory values for the past 12 months:

Laboratory Test/Screenings

	Value 1	Value 2	Value 3	Value 4
Total Cholesterol (mg/dL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Cholesterol Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Cholesterol Result Pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LDL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LDL Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LDL Pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HDL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HDL Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HDL Pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TG Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TG Pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HbA1c	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HbA1c Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HbA1c Pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Glucose:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Glucose Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Glucose Pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hemoglobin:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hemoglobin Pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LFTs ALT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LFTs AST	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LFTs Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LFTs Pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bilirubin	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bilirubin Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bilirubin Pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Creatinine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Creatinine Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Creatinine Pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Urinalysis

	Value 1		Value 2		Value 3		Value 4	
	+	-	+	-	+	-	+	-
Urinalysis protein	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Urinalysis date

	Value 1	Value 2	Value 3	Value 4
Urinalysis date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Urinalysis Pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Was a basic chemistry panel completed?

	Value 1		Value 2		Value 3		Value 4	
	Y	n	y	n	y	n	y	n
basic chemistry panel completed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which date was basic chemistry panel completed?

	Value 1	Value 2	Value 3	Value 4
chemistry panel Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
chemistry panel pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HBV DNA

	Value 1	Value 2	Value 3	Value 4
(if HBV co-infected) (copies/mL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HBV DNA Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HBV DNA pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HCV RNA

	Value 1	Value 2	Value 3	Value 4
(if HCV co-infected) (copies/mL)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HCV RNA Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HCA RNA Pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Syphilis screening

	Click to write Column 1		Click to write Column 2		Click to write Column 3		Click to write Column 4	
	negative	positive	negative	positive	negative	positive	negative	positive
Syphilis screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Syphilis screening

	Value 1	Value 2	Value 3	Value 4
Syphilis screening Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Syphilis screening Pending	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDITIONAL CLINIC APPOINTMENT INFORMATION

(use if use if needed to record clinic appointment information)

1. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

1. Date

1. Was appt. kept?

yes

no

Unknown

2. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

2. Date

2. Was appt. kept?

yes

no

Unknown

3. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

3. Date

3. Was appt. kept?

yes

no

Unknown

4. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

4. Date

4. Was appt. kept?

yes

no

Unknown

5. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

5. Date

5. Was appt. kept?

yes

no

Unknown

6. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

6. Date

6. Was appt. kept?

yes

no

Unknown

7. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

7. Date

7. Was appt. kept?

yes

no

Unknown

8. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

8. Date

8. Was appt. kept?

yes

no

Unknown

BACK

NEXT

9. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

9. Date

9. Was appt. kept?

yes

no

Unknown

10. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

10. Date

10. Was appt. kept?

yes

no

Unknown

11. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

11. Date

11. Was appt. kept?

yes

no

Unknown

12. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

12. Date

12. Was appt. kept?

yes

no

Unknown

13. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

13. Date

13. Was appt. kept?

yes

no

Unknown

14. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

14. Date

14. Was appt. kept?

yes

no

Unknown

15. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

15. Date

15. Was appt. kept?

yes

no

Unknown

16. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

16. Date

16. Was appt. kept?

yes

no

Unknown

*a medical appointment with a physician, nurse practitioner or physician's assistant
†appointment with Case management or a Social Worker

Miscellaneous

At the very end, there is a comment box to indicate any unexpected events during the entry.

Once the Submit button is clicked, the user is given an option to download the entered form as a PDF.

General Comments