UNT | HEALTH SCIENCE CENTER

Form Approved
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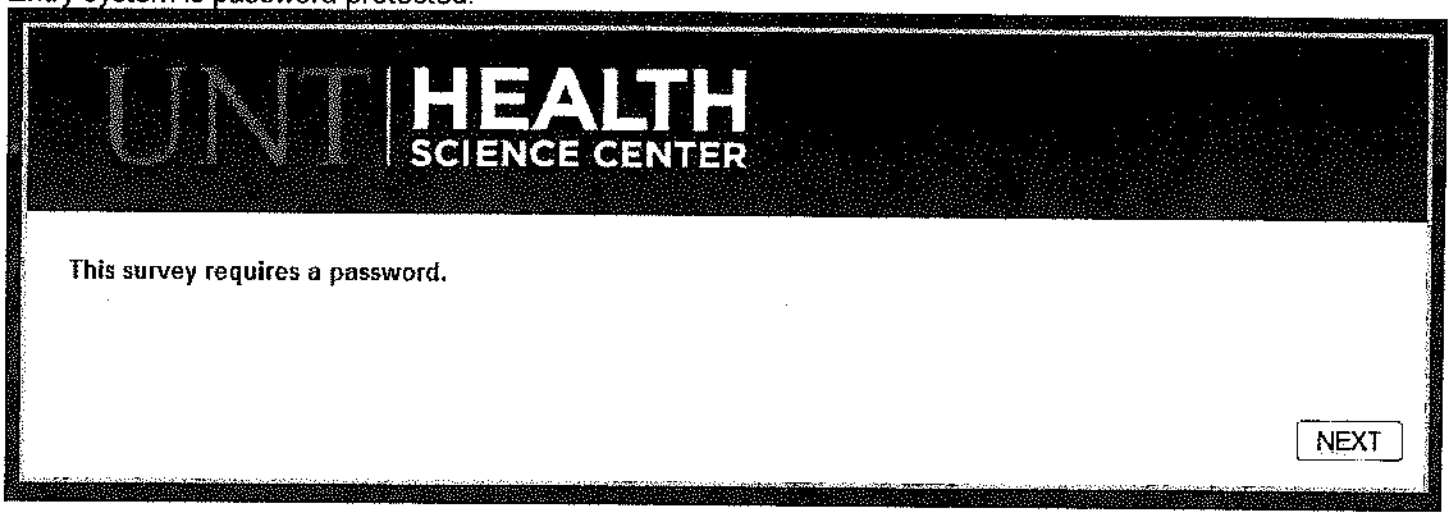
Integrating Community Pharmacists and Clinical Sites
for Patient-Centered HIV Care

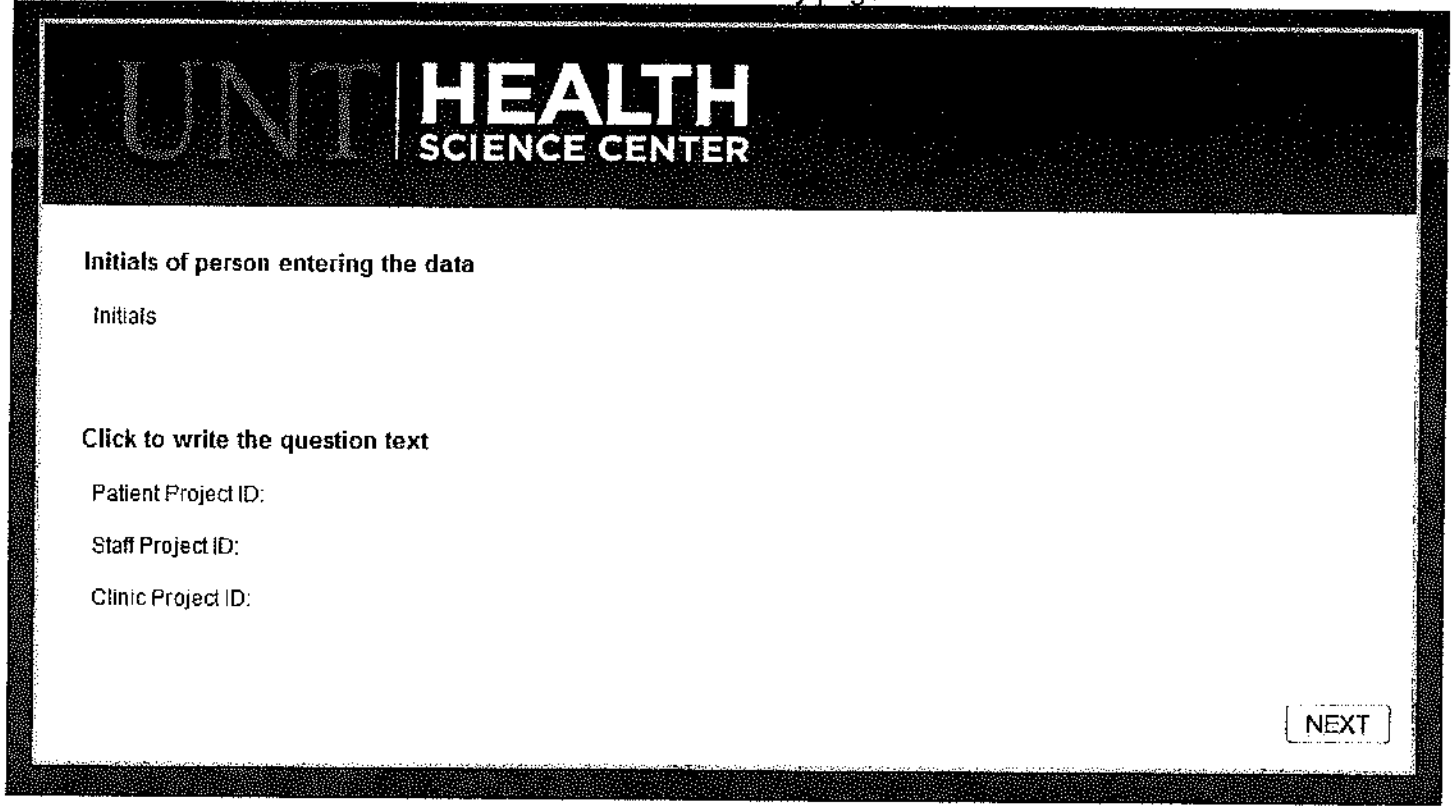
Attachment 7a Quarterly Patient Information Form

NEXT

Entry system is password protected.



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



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
o			

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
	o

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

no	yes
	o

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

Blood pressure:

Date:

Blood pressure:

Date:

Blood pressure:

Date:

BACK NEXT

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/ µL and %)				
%				
Date				
Pending				

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)				
(copies/mL) Date				
Pending				

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)		
LDL: (mg/dL)		
HDL: (mg/dL)		
TG: (mg/dL)		
HbA1c (only if diagnosed with diabetes):		
Glucose: (mg/dL)		
Hemoglobin:		
LFTs (units/L)		
Bilirubin (mg/dL)		
Creatinine		
Urinalysis		
HBV DNA (if HBV co-infected) (copies/mL)		
HCA RNA (if HBV co-infected) (copies/mL)		
Syphilis screening		

B. Please update laboratory information since the last quarterly review

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

Urinalysis

	Value/Date		Value/Date		Value/Date		Value/Date	
	+ protein	- protein	+ protein	- protein	+ protein	- protein	+ protein	- protein
Urinalysis								

Urinalysis Date

	Value1	Value2	Value3	Value4
Urinalysis Date				
Pending				

Was a basic chemistry panel completed?

	Value/Date		Value/Date		Value/Date		Value/Date	
	Y	N	Y	N	Y	N	Y	N
Completed?								

Basic chemistry Panel DATE completed? or pending

	Value1	Value2	Value3	Value4
Basic chemistry Date				
Pending				

HBV DNA

	Value1	Value2	Value3	Value4
(Copies/mL)				
Date				
Pending				

HCV RNA

	Value	Value	Value	Value
(Copies/mL)				
Date				
Pending				

Syphilis screening

	Value/Date		Value/Date		Value/Date		Value/Date	
	negative	Positive	negative	Positive	negative	Positive	negative	Positive
Syphilis screening								

Syphilis screening Date

	Value1	Value2	Value3	Value4
Syphilis screening Date				
Pending				

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*?	o		

If yes, results:

- negative
- positive

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

	Yes	No	Unknown
Anti-HBs^?	o		

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#?	o		

If yes, results:

- negative
- posotive

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

	Yes	No	Unknown
Confirmatory test done?	o		

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				
2				
3				
4				
5				
6				
7				
8				

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				
2				
3				
4				
5				
6				

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		
2		
3		
4		
5		
6		

A3....

	tolerability	toxicity / side effects	failure	other
1				
2				
3				
4				
5				
6				

A3.....

	Other Reason for discontinuation
1	
2	
3	
4	
5	
6	

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				
2				
3				
4				
5				
6				

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					
2					
3					
4					
5					
6					

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		
2		
3		
4		
5		
6		

Click to write the question text

	tolerability	toxicity / side effects	failure	no longer indicated	Other
1				◉	
2					
3					
4					
5					
6					

Other Reason for discontinuation of Medication

	Other Reason for discontinuation
1	
2	
3	
4	
5	
6	

BACK NEXT

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		
2		
3		
4		
5		
6		

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		
2		
3		
4		
5		
6		

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			
2			
3			
4			
5			
6			

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 programyes, 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
○	●	○	○

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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		

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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 <u>past 24 months</u> 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		
2		
3		
4		
5		

If Other, please specify

Other1	
Other2	
Other3	
Other4	
Other5	

Did provider acknowledge receipt of MTM information?

	Yes/ No / unknown	Date
1		
2		
3		
4		
5		

QPIF Page 15-16 of 20: VII. Follow-up
Section VII is used twice on the paper form. The system reflects this probable typo.

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				
Percent				
Date				
Pending				

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)				
HIV-1 RNA/DNA NAAT Date				
HIV-1 RNA/DNA NAAT Pending				

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Was lab drawn?

	No	Yes
Total Cholesterol		
LDL:		
HDL:		
TG:		
HbA1c		
Glucose:		
Hemoglobin:		
LFTs		
Bilirubin		
Creatinine		
Urinalysis		
HBV DNA		
HCV RNA		
Syphilis screening		

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)				
Total Cholesterol Date				
Total Cholesterol Result Pending				
LDL				
LDL Date				
LDL Pending				
HDL				
HDL Date				
HDL Pending				
TG				
TG Date				
TG Pending				
HbA1c				
HbA1c Date				
HbA1c Pending				
Glucose:				
Glucose Date				
Glucose Pending				
Hemoglobin:				
Hemoglobin Pending				

LFTs ALT

LFTs AST

LFTs Date

LFTs Pending

Bilirubin

Bilirubin Date

Bilirubin Pending

Creatinine

Creatinine Date

Creatinine Pending

Urinalysis

	Value 1		Value 2		Value 3		Value 4	
	+	-	+	-	+	-	+	-
Urinalysis protein								

Urinalysis date

	Value 1	Value 2	Value 3	Value 4
Urinalysis date				
Urinalysis Pending				

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?								

Which date was basic chemistry panel completed?

	Value 1	Value 2	Value 3	Value 4
chemistry panel Date				
chemistry panel pending				

HBV DNA

	Value 1	Value 2	Value 3	Value 4
(If HBV co-infected) (copies/mL)				
HBV DNA Date				
HBV DNA pending				

HCV RNA

	Value 1	Value 2	Value 3	Value 4
(if HCV co-infected) (copies/mL)				
HCV RNA Date				
HCA RNA Pending				

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								

Syphilis screening

	Value 1	Value 2	Value 3	Value 4
Syphilis screening Date				
Syphilis screening Pending				

BACK NEXT

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.