

Form Approved OMB No: 0920-1019 Exp. Date: 8/31/2018

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

Attachment 7a Quarterly Patient Information Form

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OME control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer: 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333: Attn: CMB-FRA (0320-1019)

NEXT



This survey requires a password.

NEXT

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



Initials of person entering the data

Initials

Click to write the question text

Patient Project ID:

Staff Project ID:

Clinic Project ID:

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

	Quarteny ratient	Information Form	
Date:			
Patient Project (D:			
Has patient had a n	nedical visit with a physician, nurse prac	titioner or phγsician's assistant since the last φ	uarteri
	Yes	No	
	e ^m		
If patient did not	t have medical visit with a physici	an, nurse practitioner or physician's as	sistan
since the last qu management, m	iarterly review, has the patient be ental health) or had labs drawn in	en seen in the clinic for any reason (e.g. of the past 6 months?	case
	Yes	No	
	• .	• .	
f no, state the re he past 6 monti	eason why the patient is not cont as	inuing care <u>or</u> has not been seen in the	clinic
if no, state the r the past 6 month	eason why the patient is not conf is	inuing care <u>or</u> has not been seen in the	clinic
ihe past 6 monti	eason why the patient is not cont ns scheduled appointments	inuing care <u>or</u> has not been seen in the	clinic
t he past 6 mont l Patient has missed s	18	inuing care <u>or</u> has not been seen in the	clinic
Patient has missed s	18	inuing care <u>or</u> has not been seen in the	clinic
Patient has missed s	18	inuing care <u>or</u> has not been seen in the	clinic
the past 6 month Patient has missed s Types Unknown	18	inuing care <u>or</u> has not been seen in the	clinic
Patient has missed s	18	inuing care <u>or</u> has not been seen in the	clinic
Patient has missed s Type Ty	18	inuing care <u>or</u> has not been seen in the	clinic
Patient has missed s Types Tatient died Yes	18	inuing care <u>or</u> has not been seen in the	clinic
Patient has missed s Types The Unknown Patient died Types The Unknown	18		clinic
Patient has missed s Types Unknown Patient died Yes Unknown	ns scheduled appointments		clinic

	Moved out of area	
	Yes	
	. · Unknown	
	Transferred care to another provider	
	yes Yes	
	Unknown	
	Incarcerated	
	Yes	
	- Unknown	
	Voluntary withdraw from project	
	· Yes	
	Unknown	
ł	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

QPIF Page 4 of 20: Patient Information

Patient Information

no	yes, patient has a new insurer	yes, patient is no longer insured	Unknown
· <mark>Q</mark>	Ç		-
f nationt has a now in	surer please provide the name of ne	ere Fanciana	
i padeit ilds a new ili	aner hisase bronide the name of he	w insurer;	
Most recent Weigh	tı		
Weight		•	
Date:MM/DD/YYYY			
weight (lbs/kg)			
	lbs	kg	
	i	:O	
Was patient's blood pr	essure taken since the last quarterly	update?	
	no	yes	
		ø	
f yes, please provid	de patient's blood pressure val	ues since the last quarterly up	ateho
Blood pressure:		quarienty up	
Date:			
Blood pressure:	•		
Date:			
Blood pressure:			
Date:			

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QPIF Page 4-5 of 20: Patient Lab Information I. Patient Lab Information: A. Please update lab information since the last quarterly review CD4 Was lab drawn? по yes 0 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 0

Copies/mL:

Copies/mL:

Copies/mL:

Copies/mL;

Laboratory Test (Cont.)

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)	P	
LDL: (mg/dL)	8 ¹ 2	; Ģ
HDL: (mg/dL)	1.1	• 9 ,
TG: (mg/dL)	2.5	(@)
HbA1c (only if diagnosed with diabetes):	0	.
Glucose: (mg/dL)	Ç.	(@)
Hemoglobin:	1.	•
LFTs (units/L)		Ö)
Bilirubin (mg/dL)		@ :
Creatinine	e e e e e e e e e e e e e e e e e e e	
Urinalysis		ą ė
HBV DNA (if HBV co-infected) (copies/mL)	(j)	: © i
HCA RNA (if HBV co-infected) (copies/mL)	25	Ģ
Syphilis screening	(*)	: ģ :

B. Please update labors	Value1	Value2	Value3	Value4
Total Cholesteroi (mg/dL)				
Total Cholesteroł Date	· :			
Total Cholesterol (pending)				
LDL (mg/dL)				
LDL Date				
LDL (pending)				
HDL: (mg/dL)				
HDL Date	•			
HDL (pending)				
TG (mg/dL)	:			
rG: Date				
rG (pending)	· · · · · · · · · · · · · · · · · · ·			
HbA1c (only if diagnosed with diabetes):				
HbA1c: Date	· :			
HbA1c: (pending)	:			
Slucose: (mg/dL)				
Glucose: Date				
Glucose: (pending)				
lemoglobin: (mg/dL)			•	
lemoglobin: (pending)				
.FTs (Units/L) ALT				
.FTs (Units/L) AST	:			
FTs Date				
.FT Pending				
lilirubin (mg/dL)				
ilirubin Đate	•			
ilirubin Pending				
reatinine	:			
reatinine Date				
reatinine Pending				

Urinalysis									
	Value	/Date	Va	ilue/Date		Value/D	ate	Value/	Date
	+ prolein	- protein	+ protein	ı - pro	otein	+ protein	- protein	+ protein	- protein
Urinalysis		i			ı	. *	12		
Irinalysis Date									
Jrinalysis Date			Value 1		Value2		Value3	`	falue4
Pending									
las a basic chemistry	panel con	n pleted? Value/E	Nata .	16-1	(Dt-				
		Y	N N	Value Y	n N	. Valu	µe/Date N	Value	
Completed?	•					: •	14	Y	
sasic chemistry Par	al DATE so								
asic chemistry Far	ICI DATE LUI	mpieren: o	Value1		Value2		Value3	v	3lue4
lasic chemistry Date									
ending									
IBV DNA									
			Value 1		Value2		Value3	Va	slue4
Copies/mL)									
ale									
ending									
ICV RNA									
Copies/mL)			Value		Value		Value		Value
Date									
Pending									
yphilis screening									
		Value/D			/Date		ue/Date	Valu	ie/Date
D 1.70	n-	egative		negative	Positive	negative		negațiye	Positive
Syphilis screening			C.			.*	. •		÷
yphilis screening	Date								
.			Value1		Value2		Value3		Value4
yphilis screening Date									
ending									
								i.	BACK N

review	following information on virs	il nepatitis testing sinc	e the last quart
Viral Hepatitis			
Has the patient ever beer since the last quarter	ı tested for HBsAg*? ly update?		
	Yes	No	Unknov
HBsAg*?	•	0,0	ć.
If yes, results:			
: negative			
e positive			
Anti-HBs*?	· :	ţ.	
lf yes, results:			
→ >10 miU/mL			
<10 mlU/mL			
<10 mIU/mL Has the patient ever been since the last quarterly up			
Has the patient ever been		No	Unknow
Has the patient ever been	date?	No '	Unknow
Has the patient ever been since the last quarterly up	date? Yes		
Has the patient ever been since the last quarterly up	date? Yes		
Has the patient ever been since the last quarterly up Anti-HCV+?	date? Yes		
Has the patient ever been since the last quarterly up Anti-HCV+? f yes, results: negative posotive	date? Yes		

If yes, results:

negative

positive

*HBsAg = hepatitis B surface antigen
^Anti-HBs = antibody to the hepatitis B surface antigen
ŧAnti-HCV ≈ antibody to hepatitis C virus

II. Medication Updates

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

quartery appares	Name of Current ART Medications*		F	
1	Medicalions	Dosage (mg)	Frequency	Start date
2				
3			•	
4				
5	·		• •	
6				
7		•		
8				
			•	
Have there been any changes	to the nationt's APT since	ca last augstarky undat	ro.	
No.		se iast quarterry updat	Yes	
			, G	
Has an HLA-B*5701 test been	done?			
Yes	5		No	
o			# ·	
If yes, what was the result of t	he HLA-B*5701 test?			
Nega	tive		Positive	
Has a tropism assay been don	e?			
ye	S		No	
Ġ				
If yes, what were the results	of Tropism assay?			
CCR5 positive	C	XCR4 positive	dual or	mixed tropism

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	 The second second second description	arcity oposic		
	Name of new ART medication	Dosage	Frequency	Start date
1				
2				
3				
4				
5				
6				

QPIF Page 9 of 20: A3
Due to space, entries wrap around to the next block. The numbers, 1, 2,...,6 indicate which medication goes with which reason.

	1	Name of discontinued ART medication			continued
1					
2					
3					
4					
5					
3					
13					
		tolerability	toxicity / side effects	failure	othei
I		1)	<u>(</u>)		• •
2	i	<i>.</i>	€	C. 3	(")
3			Q. e		
ŧ		4.*	Ø.,	4. 1	
i		* 0		% ·	+ # p
\$		20 July 10 Jul	٠		$\mathfrak{C}_{i,j}$
			Other Reason for dis		

B1. Please list all other medications that the patient <u>CURRENTLY</u> 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?

B2. List all <u>NEW</u> 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			• •		

QPIF Page 10-11 of 20: B3
Due to space, entries wrap around to the next block. The numbers, 1, 2,...,6 indicate which medication goes

		ontinued non-HIV med	dication	Date discontir	
1					
2					
3					
!	:				
5					
ì					
lick to write the que	estion text				
·	tolerability	toxicity / side effects	failure	no longer indicated	Othe
	:.	-(**)	<u>.</u>	: @ .	. :
		9			20
	1.1		1,2	.*	
	* :	- 6		Ç.	
		$\mathcal{F}_{\mathcal{F}}$		n _e ,	2.1
	,	6,3	÷ .	· ·	er 5

QPIF Page 11-12	of 20: III. Medical History a	nd Allergies	
III. Medical Hist A. Were there a If yes, list all new 1 2 3	ory and Allergies Updates		
A. Were there a	ny newły diagnosed medicał c	onditions or problems at ar	ny time since the last quarterly update?
	Yes		No
	•		:
If yes, list all new	rly diagnosed medical condition	ons and problems	
	Newly diagnose	d medical conditions or new	
	me	dical problems	Date diagnosed
1			
2		•• •	
3			
4			
5			
6			·
B. Were there	any resolved medical pro	oblems at any tîme sinc	e the last quarterly visit? No
	:9		TA CONTRACTOR OF THE CONTRACTO
· }			
If yes, list a	ll resolved medical proble	ems	
		medical conditions or new	
: •	med	tical problems	Date diagnosed
1			
2			
3			
4			
5			
6			

		Yes G			No :
	Click to write the	question text			
1 2 3 4		Name of me	edication	Reaction to medication	Date affergy developed
	•			•	• •
· · · · · · · · · · · · · · · · · · ·					
; ;	}	:			
	L.				
	;				
	;	• • •			
					BACK NE

IV. Tobacco, Drug and Alcohol use

	yes	no	Unknown
	Ģ	49	
yes, how has sn	noking status change	d?	
	N/A	increased amount smoked	decreased amount smok
	•.	<u>0</u> .	C.
lew Smoker o	Quit Smoking		
		Yes	Date
iew Smoker		•	
luit Smoking			
ac patientie illee	nl dana (s.b.) 5		
as patient's illeg		prescription controlled substances changed sinc	
as patient's illeg	al drug use/abuse of yes	prescription controlled substances changed sinc no	Unknown
as patient's illeg	yes	no	
	yes	no	Unknown
	yes ⊙	no	Unknown
	yes • •g abuse status chang	ged?	Unknown
yes, how has dro	yes o g abuse status chang N/A	no ged? increased amount smoked	Unknown decreased amount smoke
yes, how has dro	yes o g abuse status chang N/A	no ged? increased amount smoked	Unknown decreased amount smoke
yes, how has dru ew to drugs	yes o g abuse status chang N/A	no ged? increased amount smoked	Unknown decreased amount smoke
yes, how has dru ew to drugs ew user	yes o g abuse status chang N/A	no ged? increased amount smoked	Unknown decreased amount smoke
yes, how has dru ew to drugs ew user uit using	yes g abuse status chang N/A , .	no ged? increased amount smoked Yes	Unknown decreased amount smoke
yes, how has dro ew to drugs ew user uit using	yes g abuse status chang N/A d or completed subs	no ged? increased amount smoked	Unknown decreased amount smoke

≥4 drinks on any single day or ≥	:8 drinks per week	per week; for women heavy alcohol consumption equa
Yes	No	Unknown
G		1.3
f yes, how has alcohol consu	umption changed?	
N/A	increased drinking	decreased drinking
·	. *	O .
Click to write the question	л text	
	Yes	Date
iew heavy drinker		·
quit drinking		
:.	© -	leted a program no
		BACK NEX
Page 13 of 20: V. Imm		BACK NEX
	nunization History	BACK NEX
Page 13 of 20: V. Imm V. Immunization Hist	nunization History	
Page 13 of 20: V. Imm V. Immunization Hist id client receive any immu	nunization History tory unizations at this clinic since last quarterly up Yes	
Page 13 of 20: V. Imm V. Immunization Hist id client receive any immu	nunization History tory unizations at this clinic since last quarterly up	odate?
Page 13 of 20: V. Imm V. Immunization Hist id client receive any immu	nunization History tory unizations at this clinic since last quarterly up Yes	odate?
Page 13 of 20: V. Imm V. Immunization Hist id client receive any immu	nunization History tory unizations at this clinic since last quarterly up Yes	odate?
Page 13 of 20: V. Imm V. Immunization Hist id client receive any immu	nunization History tory unizations at this clinic since last quarterly up Yes (s) was provided?	odate? No
Page 13 of 20: V. Imm V. Immunization Hist id client receive any immu	nunization History tory unizations at this clinic since last quarterly up Yes (s) was provided?	odate?

VI. Clinic Appointment Information

last quarterly update?	y appointments (e.g. medical,	case management, mental	health, substance abuse
yes	no)	Unknown
·G	¥)		v.
Please list ALL appointm scheduled for the patient	ents (medical, case mana t in the <u>past 24 months</u> ar	gement, mental health ad note if appointment	n, substance abuse) was kept.
nclude only one appoint	ment type and date in eac	eh box	
I. Type of appointment			
Medical visit*	Case management†	Mental Health	Substance Abuse
C _E	C)	e':	4)
. Date of appointment			
. Was appt, kept?			
yes	סת		Unknown
5.0	V.		C)
. Type of appointment			
Medical visit*	Case management†	Mental Health	Substance Abuse
0.7	4,9	+ 3	(.)
. Date of appointment			
	•		
Was appt. kept?			
Was appt. kept? yes	no		Unknown

3. Type of appointment			
Medical visit*	Case management†	Mental Health	Substance Abuse
	÷ 1	<i>i</i> .	<u> </u>
3. Date of appointment			
3. Was appt. kept?			
yes	1	no	Unknown
*.	:		12
4. Type of appointment			
Medical visit*	Case management†	Mental Health	Substance Abuse
<u> </u>		1.	· ·
		•	
4. Date of appointment			
4. Date of appointment			
4. Was appt, kept?			
yes	г	0	Unknown
¥*	1.	Tall Control of the C	(*)
5. Type of appointment			
Medical visit*	Case management†	Mental Health	Substance Abuse
	C.	· ·	Substance Apase
		·	•
5 Data of own-inter-ut			
5. Date of appointment			
5. Was appt. kept?			
yes	n	0	Unknown
ϵ_{i}^{-1}	·.		

.

6. Type of appointment				
Medical visit*	Case management†		Mental Health	Substance Abuse
•	\mathcal{C}_{i}^{\prime}		: 1	•
6 Nata of constitution and				
6. Date of appointment				
6. Was appt. kept?				
yes		no		Unknown
4		Ç. S		61.
7. Type of appointment				
Medical visit*	Case management†		Mental Health	Substance Abuse
er	vii.		()	. The state of the
7. Date of appointment				
r. Date of appointment				
7. Was appt. kept?				
yes		no		Unknown
er.		f.;:		.**
8. Type of appointment				
	Case management†		Mental Health	Substance Abuse
K)	C)		\$ 100 miles	\sqrt{g}
8. Date of appointment				
8. Was appt. kept?				
yes		no		Unknown
		<u>C</u>		

9. Type of appointment			
Medical visit*	Case management†	Mental Health	Substance Abuse
5	,*.	% [()	C)
9. Date of appointment			
9. Was appt. kept?			
yes	no		Uлknowл
$ u^{i} $	5.4		ν
10. Type of appointment			
Medical visit*	Case management†	Mental Health	Substance Abuse
<u>-</u> ·	e"y	C)	W. C.
10. Date of appointment			
io Date of appointment			
10. Was appt. kept?			
yes	no		Unknown
yes : ·	no : ·		Unknown
•			
		Mental Health	
11. Type of appointment	1 -		
11. Type of appointment Medical visit*	Case management†	Mental Health	Substance Abuse
11. Type of appointment Medical visit*	Case management†	Mental Health	Substance Abuse
11. Type of appointment Medical visit*	Case management†	Mental Health	Substance Abuse
11. Type of appointment Medical visit*	Case management†	Mental Health	Substance Abuse
11. Type of appointment Medical visit* II. Date of appointment	Case management†	Mental Health	Substance Abuse

Medical visit*	Case management†	Mental Health	Substance Abus
6.	et gr	0.3	+D
12. Date of appointment			
12. Was appt. kept?			
yes	n	0	Unknown
÷ .	0.		
3. Type of appointment			
Medical visit*	Case management†	Mental Health	Substance Abus
e th	\mathcal{C}_{i}	()	
3. Date of appointment			
3. Was appt. kept?			
yes	, no)	Unknown
* 3	· · · · · · · · · · · · · · · · · · ·		* (
4. Type of appointment			
Medical visit*	Case management†	Mental Health	Substance Abus
<u>C</u> r	¢*	\$ 1	
1. Date of appointment			
i. Was appt. kept?			
yes	ne	1	Unknown
	. :		<i>3</i>

Medical visit*	Case management†	Mental Health	Substance Abus
r ·	4.9	4	* <u>-</u> +
5. Date of appointment			
•			
i. Was appt. kept?			
yes	r.	10	Unknown
	:	14	1 ² 4
S. Type of appointment			
Medical visit*	Case management†	Mental Health	Substance Abus
	$\Phi_{ij}^{(k)}$	4.	0.7
5. Date of appointment			
		•	
Was appt, kept?			
yes	n	0	Unknown
•			****

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

QPIF Page 14-15 of 20: VII.	MTM	
Due to space, entries wrap a	around to the next block. The numbers,	1, 2,,5 indicate entries.
VII. Medication Therapy	Management (MTM)	
Was documentation of page	atient's MTM visit(s) received by the clinic	?
	Yes	No
VII. Medication Therapy Was documentation of particle and the follows the fol	· 🌣	<i>(5)</i>
If yes, complete the follow	ring table for each MTM communication rece	ived 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		

ioner or
oner or
1?

<u>24 months</u> Yes o	
© ;	
24 months	
Value 3	Value 4
	·
Yes	
Value 3	Value 4
	BACK NEXT

Was lab drawn?		
	No	Yes
Total Cholesterol		
LDL:	1,	4
HDL:		
TG:	A.	57
HbA1c	e e	i
Glucose:	e e	
Hemoglobin:		. 5
LFTs	···	V.
Bilirubin	<u> </u>	
Creatinine	4.5	
Urinalysis		, i ,
HBV DNA		• •
HCV RNA		: 4
Syphilis screening	4.2	ŧ.

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

Laboratory
Test/Screening

Test/So	reenings					
			Value 1	Value 2	Value 3	Value 4
Total C	holesterol (mg/dL)					
Total C	holesterol Date				•	
Total C	holesterol Result Pending					
LDL		:				
LDLDa	ite					
LDL Pe	nding					
HDL						
HDL D	ate					
HOLP	ending					
TG		•				
TG Dal	9					
TG Pen	ding					
HbA1c						
HbA1c	Date					
HbA1c	Pending					
Glucos	9:		•			•
Glucos	e Date					
Glucos	e Pending					
Hemog	fobin:					
Hemag	lobin Pending					•

LFTs ALT				
LFTs AST				
LFTs Date				
LFTs Pending				
Bilirubin				
Billrubin Date				
Bilirubin Pending				
Creatinina				
Creatinine Date				
Creatinine Pending				
Urinalysis				
	Value 1	Value 2	Value 3	Value 4
Urinalysis protein	+			+ -
Ommiles Statelli			7.6	A Company
Main atomic des				
Urinalysis date	Value 1	Value 2	Value 3	Value 4
Urinalysis date		70,00 2	Talue 3	value 4
Urinalysis Pending				
Was a basic chemistry panel co	moleted?			
Was a basic chemistry panel co	mpleted?	Value 1	Value 2 Value 3	Value 4
	mpleted?	Value 1 · · · Y · · · · · · · · · · · · · · ·		Value 4 n y n
Was a basic chemistry panel co basic chemistry panel completed?	mpleted?		y n y	
basic chemistry panel completed?		Y n	y n y	n y n
	ry panel completed?	Y n	y n y	n y n
basic chemistry panel completed? Which date was basic chemist		Y n	y n y	n y n
basic chemistry panel completed? Which date was basic chemist chemistry panel Date	ry panel completed?	Y n	y n y	n y n
basic chemistry panel completed? Which date was basic chemist	ry panel completed?	Y n	y n y	n y n
basic chemistry panel completed? Which date was basic chemist chemistry panel Date chemistry panel pending	ry panel completed?	Y n	y n y	n y n
basic chemistry panel completed? Which date was basic chemist chemistry panel Date	r y panel completed? Value 1	Y n	y n y	n y n
basic chemistry panel completed? Which date was basic chemist chemistry panel Date chemistry panel pending HBV DNA	ry panel completed?	Y n	y n y	n y n
basic chemistry panel completed? Which date was basic chemist chemistry panel Date chemistry panel pending	r y panel completed? Value 1	Y n	y n y	n y n
basic chemistry panel completed? Which date was basic chemist chemistry panel Date chemistry panel pending HBV DNA (If HBV co-infected) (copies/mL)	r y panel completed? Value 1	Y n	y n y	n y n
basic chemistry panel completed? Which date was basic chemist chemistry panel Date chemistry panel pending HBV DNA (If HBV co-infected) (copies/mL) HBV DNA Date	r y panel completed? Value 1	Y n	y n y	n y n
basic chemistry panel completed? Which date was basic chemist chemistry panel Date chemistry panel pending HBV DNA (If HBV co-infected) (copies/mL) HBV DNA Date HBV DNA pending	r y panel completed? Value 1	Y n	y n y	n y n
basic chemistry panel completed? Which date was basic chemist chemistry panel Date chemistry panel pending HBV DNA (If HBV co-infected) (copies/mL) HBV DNA Date	r y panel completed? Value 1	Y n	y n y	N y N Value 4
basic chemistry panel completed? Which date was basic chemist chemistry panel Date chemistry panel pending HBV DNA (If HBV co-infected) (copies/mL) HBV DNA Date HBV DNA pending	ry panel completed? Value 1 Value 1	Y n Value 2	y n y	n y n
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QPIF Page 19-20 of 20: Additional clinic appointment information ADDITIONAL CLINIC APPOINTMENT INFORMATION (use if use if needed to record clinic appointment information)

f. Type of appointment Medical visit*	Case management	Mental Health	Substance Abus
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Medical visit*	Case management†	Mental Health	Substance Abus
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Medical visit*	Case management†	Mental Health	Substance Abuse
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Medical visit*	Case management†	Mental Health	Substance Abuse
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*a medical appointment with a physician, nurse practitioner or physician's assistant tappointment with Case management or a Social Worker

Miscellaneous At the very end, there is a comment box to indicate any unexpected events during the en Once the Submit button is clicked, the user is given an option to download the entered for General Comments	
	BACK Submit