

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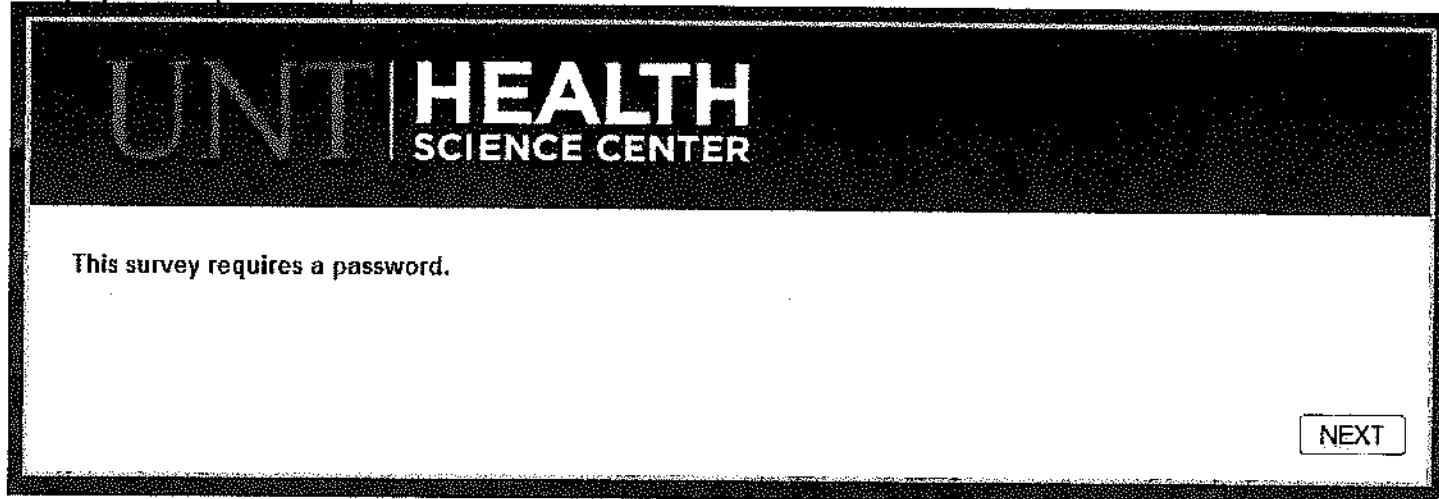
Integrating Community Pharmacists and Clinical Sites
for Patient-Centered HIV Care

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 OMB 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: OMB-PRA (0920-1019)

NEXT

Entry system is password protected.

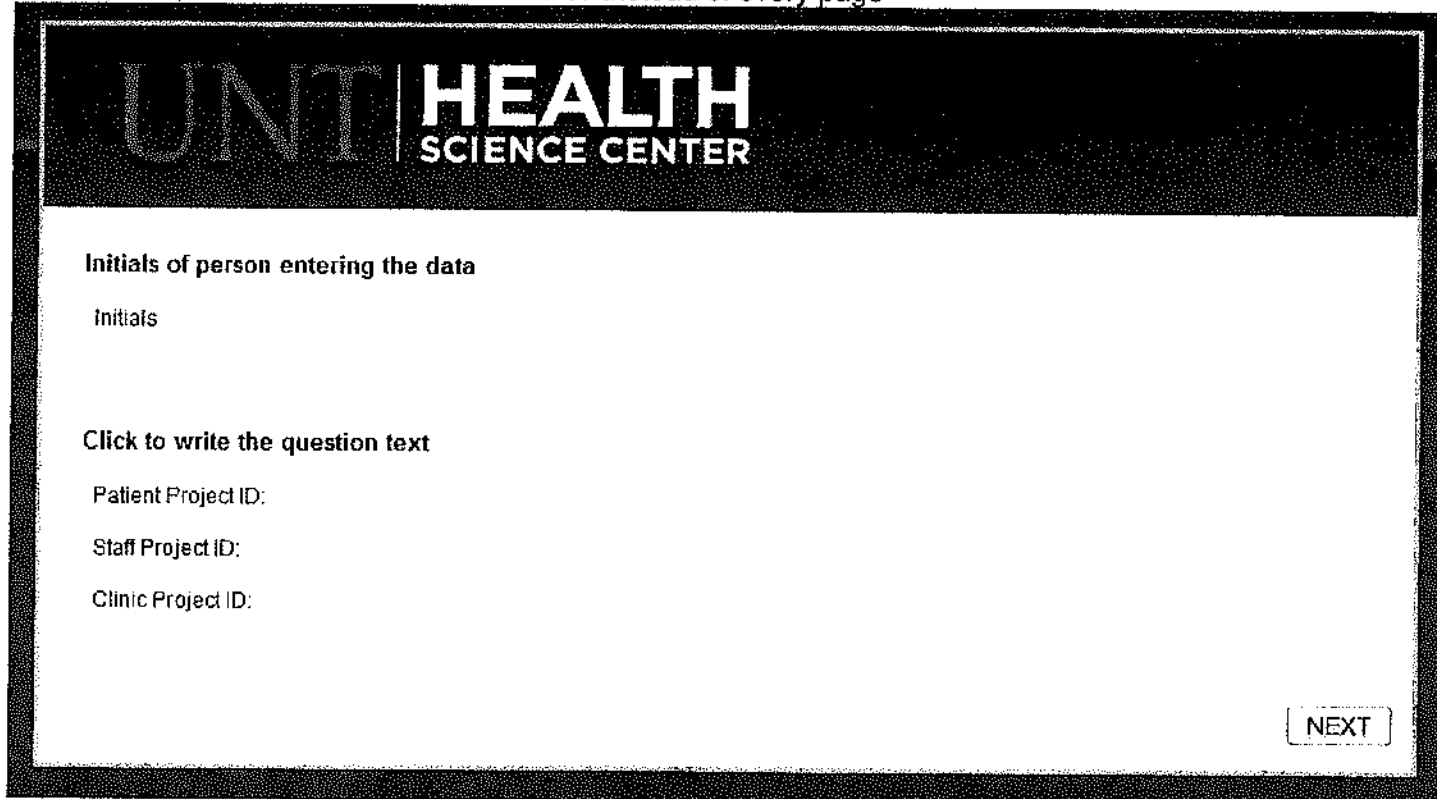


UNT HEALTH
SCIENCE CENTER

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:

[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/ μ L 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)	<input type="radio"/>	<input type="radio"/>
LDL: (mg/dL)	<input type="radio"/>	<input type="radio"/>
HDL: (mg/dL)	<input type="radio"/>	<input type="radio"/>
TG: (mg/dL)	<input type="radio"/>	<input type="radio"/>
HbA1c (only if diagnosed with diabetes):	<input type="radio"/>	<input type="radio"/>
Glucose: (mg/dL)	<input type="radio"/>	<input type="radio"/>
Hemoglobin:	<input type="radio"/>	<input type="radio"/>
LFTs (units/L)	<input type="radio"/>	<input type="radio"/>
Bilirubin (mg/dL)	<input type="radio"/>	<input type="radio"/>
Creatinine	<input type="radio"/>	<input type="radio"/>
Urinalysis	<input type="radio"/>	<input type="radio"/>
HBV DNA (if HBV co-infected) (copies/mL)	<input type="radio"/>	<input type="radio"/>
HCA RNA (if HBV co-infected) (copies/mL)	<input type="radio"/>	<input type="radio"/>
Syphilis screening	<input type="radio"/>	<input type="radio"/>

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				

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				
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	<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	
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	<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	
2	
3	
4	
5	
6	

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 there 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

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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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

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

MM/DD/YYYY

MM/DD/YYYY

MM/DD/YYYY

9. Was appt. kept?

yes

no

Unknown

10. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

10. Date of appointment

MM/DD/YYYY

MM/DD/YYYY

MM/DD/YYYY

10. Was appt. kept?

yes

no

Unknown

11. Type of appointment

Medical visit*

Case management†

Mental Health

Substance Abuse

11. Date of appointment

MM/DD/YYYY

MM/DD/YYYY

MM/DD/YYYY

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

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

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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	<input type="checkbox"/>	<input type="checkbox"/>
LDL:	<input type="checkbox"/>	<input type="checkbox"/>
HDL:	<input type="checkbox"/>	<input type="checkbox"/>
TG:	<input type="checkbox"/>	<input type="checkbox"/>
HbA1c	<input type="checkbox"/>	<input type="checkbox"/>
Glucose:	<input type="checkbox"/>	<input type="checkbox"/>
Hemoglobin:	<input type="checkbox"/>	<input type="checkbox"/>
LFTs	<input type="checkbox"/>	<input type="checkbox"/>
Bilirubin	<input type="checkbox"/>	<input type="checkbox"/>
Creatinine	<input type="checkbox"/>	<input type="checkbox"/>
Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>
HBV DNA	<input type="checkbox"/>	<input type="checkbox"/>
HCV RNA	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis screening	<input type="checkbox"/>	<input type="checkbox"/>

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

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

General Comments