



NM AETC HIV TeleECHO™ Clinic - Prevention



Presentation Date:		Presenter/Site:			ECHO ID:	
<input type="checkbox"/> New Case <input type="checkbox"/> Follow Up Case						
Reason for Case Presentation						
Patient Information	Age:	Gender:	Race:	Hispanic: <input type="checkbox"/> Y <input type="checkbox"/> N	Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is the patient on Medicaid? <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Presbyterian Centennial Care <input type="checkbox"/> BCBS Centennial Care <input type="checkbox"/> Western Sky Community Care <input type="checkbox"/> Unknown					
	HIV Risk: <input type="checkbox"/> MSM <input type="checkbox"/> IDU <input type="checkbox"/> HRH <input type="checkbox"/> Other: _____			Prior HIV PrEP or PEP:		
Medical History						
Mental Health History						
Substance Use History:	<input type="checkbox"/> None <input type="checkbox"/> Remote Hx <input type="checkbox"/> Ongoing: _____			Needle Sharing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Needle Exchange Program: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sexual History	History of assault: <input type="checkbox"/> Yes <input type="checkbox"/> No	Partners: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both	<input type="checkbox"/> Oral <input type="checkbox"/> Vaginal <input type="checkbox"/> Anal <input type="checkbox"/> Penile	<input type="checkbox"/> Receptive <input type="checkbox"/> Insertive <input type="checkbox"/> Versatile	Condom Use: <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always	
	Partner HIV Status: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown	Partner IDU Status: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown	Relationship: <input type="checkbox"/> Monogamous <input type="checkbox"/> Polyamorous <input type="checkbox"/> Open <input type="checkbox"/> Other: _____			
STI History						
Vaccine History (Hep A/B, HPV, etc)						
Medication Allergies						
Current Medications						
Living Situation	Housing: <input type="checkbox"/> Housing Stable <input type="checkbox"/> Transitional <input type="checkbox"/> Unstable <input type="checkbox"/> Homeless		Employment: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Retired <input type="checkbox"/> Disability <input type="checkbox"/> Unemployed <input type="checkbox"/> Other: _____		Social Supports: <input type="checkbox"/> Religious Community <input type="checkbox"/> Social Clubs <input type="checkbox"/> Partnership <input type="checkbox"/> Close Friends <input type="checkbox"/> Family <input type="checkbox"/> Other: _____	
	_____		_____		_____	
Pertinent Physical Findings						
Pertinent Labs/Imaging	Test	Results/Date	Test	Results/Date	Test – Optional	Results/Date
	HIV Screen		HBSAb		HCV Viral Load	
	Creatinine		HBSAg		HIV Viral Load	
	T.pal Ab (RPR)		HBV Core total Ab		HAV total Ab	
	HCV Ab		Pregnancy			
	U/A		GC/Chl x3			

Please return completed form to the HIV ECHO team. Fax: (505)272-6906 or Email: HIVecho@salud.unm.edu