NM AETC HIV TeleECHO™ Clinic - Prevention

Presentation Date:	Presenter/Site:	ECHO ID:

☐ New Case ☐ Follow Up Case

Reason for Case Presentation

Patient Information

Age:	Gender:	Race:	Hispanic: ☐ Y ☐ N	

Primary insurance:

Secondary insurance:

HIV Risk: ☐ MSM ☐ IDU ☐ HRH ☐ Other: _____

Prior HIV PrEP or PEP:

Medical History

Mental Health History

Substance Use History:

☐ None ☐ Remote Hx
☐ Ongoing: _____

Needle Sharing: ☐ Yes ☐ No

Needle Exchange Program: ☐ Yes ☐ No

Sexual History

History of assault: ☐ Yes ☐ No

Partners: ☐ Male ☐ Female ☐ Both

☐ Oral ☐ Vaginal ☐ Anal ☐ Penile

☐ Receptive ☐ Insertive ☐ Versatile

Condom Use: ☐ Never ☐ Sometimes ☐ Always

Partner HIV Status: ☐ Positive ☐ Negative ☐ Unknown

Partner IDU Status: ☐ Positive ☐ Negative ☐ Unknown

Relationship: ☐ Monogamous ☐ Polyamorous ☐ Open ☐ Other: _____

STI History

Vaccine History (Hep A/B, HPV, etc)

Medication Allergies

Current Medications

Living Situation

Housing:
☐ Housing Stable ☐ Transitional
☐ Unstable ☐ Homeless

Employment:
☐ Part-time ☐ Full-time ☐ Retired ☐ Disability
☐ Unemployed ☐ Other: _____

Social Supports:
☐ Religious Community ☐ Social Clubs ☐ Partnership
☐ Close Friends ☐ Family ☐ 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 NOTE: By submitting this form, you have acknowledged that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between an ECHO clinician and any patient whose case is being presented in a teleECHO session. Always use Patient ID# when presenting a patient in clinic. Sharing patient name, initials or other identifying information violates HIPAA privacy laws.

Please return completed form to the ECHO team by emailing: ECHO@npaihb.org