

PrEP ECHO Case Form



Presentation Date:	Presenting Clinician:					
		Patient In	formation			
ECHOID:	<u>Age</u>	Sex	at Birth	Gender	Identity	
		Sexual H	istory			
Last HIV test date	Last HIV test result	Any Hx of STIs	STIs within	last 6 months	<u>Possible</u>	Indication for PrEI
Last STI test date	Last STI test result					
Frequency of condom u	sage					
<u>Sexual Behavior</u>					*If pt has an HI is partner virally	V positive partner, y supressed?
HepatitisBSurfaceAn	tigen <u>Hepatitis B Surfa</u>	nce Antibody Hep	patitis BCore Antibo	ody <u>Crea</u>	<u>tinine</u>	<u>eCrCl</u>
Intravenou	s Drug Use?	Drug Frequency of Shar		Knowledge of Syr	inge Exchang	ge Programs
		Current M	edications			
Medication Name	e Dosage F	requency	Medication Na	ame	Dosage	Frequency
-	P		ge and Reading committed to	ess		
Daily medicati	on? Quarterly moni	•	Quarterly appoin	ntments? Curr	ent PrEP kno	owledge level

What is your main question?

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