

Presentation Date:

Presenting Clinician:

## Patient Information

ECHOID:

Age

Sex at Birth

Gender Identity

## Sexual History

Last HIV test date

Last HIV test result

Any Hx of STIs

STIs within last 6 months

Possible Indication for PrEP

Last STI test date

Last STI test result

Frequency of condom usage

Sexual Behavior

\*If pt has an HIV positive partner, is partner virally suppressed?

## Labs

Hepatitis B Surface Antigen

Hepatitis B Surface Antibody

Hepatitis B Core Antibody

Creatinine

eCrCl

## Drug Use

Intravenous Drug Use?

Frequency of Shared Syringe

Knowledge of Syringe Exchange Programs

## Current Medications

Medication Name	Dosage	Frequency

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## PrEP Knowledge and Readiness

*Is the patient committed to*

Daily medication?

Quarterly monitoring of labs?

Quarterly appointments?

Current PrEP knowledge level

*What is your main question?*