MJA
The Medical Journal of Australia

Appendix

Appendix to: Broom JK, Kelly MD, Broom AF. Implementation of an HIV assessment tool leads to significant improvements in outpatient care. *Med J Aust* 2013; 199: 000-000. doi: 10.5694/mja12.11756.

Queensland Government

Sexual Health & HIV Services

HIV Annual Checklist & Management Plan

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth: Sex: ☐ M ☐ F

Assessment Date: / /

HIV date of diagnosis: / /

Allergies: Drug Name/s

Other relevant medical conditions:

Date of last letter to GP: / / **Current GP:**

Parameter		**Management Plan**
BP: **Height:** cm **Weight:** kg **Waist circumference:** cm **BMI weight (kg)/ height^2 (m^2)**=		
Current HAART	☐Yes ☐No	List:
Compliance with medications assessed	☐Yes ☐No	%
Side effects of HAART	☐Yes ☐No	
Other Medications *(prescribed/ over the counter)*	☐Yes ☐No	List:
STI Screen *(as per guidelines)* *(Syphilis / Chlamydia / Gonorrhoea)*	☐Yes ☐No	Result:
HCVAb (if at risk) **Hep BsAb – previously vaccinated** **Hep BsAg – previously non-responder**	☐Yes ☐No ☐Yes ☐No ☐Yes ☐No	
Discussed Public Health	☐Yes ☐No	
Vaccinations -annual influenza	☐Yes ☐No	List:
Cardiovascular risk calculation %	☐ 5 yr ☐ 10 yr Risk calculator	%
Exercise/diet/weight addressed	☐Yes ☐No	
Urine Prot/Creat Ratio in last 12 months	☐Yes ☐No	Result:
Fasting Lipids in last 12 months	☐Yes ☐No	Result:
Fasting glucose in last 12 months	☐Yes ☐No	Result:
Anal Exam	☐Yes ☐No	
Pap smear *(in last 12 months or earlier if indicated)*	☐Yes ☐No	Result:
Skin Exam	☐Yes ☐No	
Mammogram *(in last 2 years- women)*	☐Yes ☐No	
Liver Ultrasound (6/12) *(known cirrhosis)*	☐Yes ☐No	
Cigarette smoking ☐ Current ☐ Never ☐ Past		Current no. per day: Quit date: / / Cessation program offered: ☐Yes ☐No
ETOH use	☐Yes ☐No	Units per week:
Current injecting drug use?	☐Yes ☐No	If yes, intervention offered: ☐Yes ☐No
Non injecting drug use?	☐Yes ☐No	List:
Contraception Use	☐Yes ☐No	
Updated HIV Management Planner	☐Yes ☐No	

HIV ANNUAL CHECKLIST & MANAGEMENT PLAN

Version 1.3 June 2012

Queensland Government

Sexual Health & HIV Services

HIV Annual Checklist & Management Plan

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth: Sex: ☐ M ☐ F

Frequency of monitoring	1 3 4 6 12 monthly – bloods 1 3 4 6 12 monthly – medical review 1 3 4 6 12 monthly – nursing review

Additional Information:

Client Care Plan

Client Problems	Goal (changes to be achieved)	Required treatments (including client actions)

Arrangement for treatments / services (when, who and contact details)

Referrals

Staff Name:	Signature:
Designation:	Date: / /

DO NOT WRITE IN THIS BINDING MARGIN