Medical record for PrEP

(To be used during EIMS failure only)

UIC : _____

PHN :_____ File Number : _____

KP Category :None ☐ TGW ☐ Beach boys ☐

MSM ☐ IVDU ☐

CSW ☐ Prisoner ☐

Past exposure to PrEP : Yes ☐ No ☐

Type of PrEP : Oral ☐ Injectable ☐

Daily ☐ On Demand ☐

Use of Other Drugs :_____

Sero discordant partner :_____

Past Medical History : DM ☐ Bone disease ☐ Other ☐

HTN ☐ Renal disease ☐

Reason for requesting prep

Sex partner(s) HIV+ & not on ART ☐ Currently IVDU ☐

Sex partner(s) HIV+ & on ART <6/12 ☐ Ongoing IPV/GBV ☐

Sex partner(s) at high risk ☐ Transactional sex ☐

Sex under alcohol/drugs ☐ Recurrent use of PEP ☐

Inconsistent/no condom use ☐ Recent STI (past 6 months) ☐

last exposure :_____

Examination/BP :_____

Investigations

HIV RDT :Negative☐ Positive ☐ HCV Ab :Negative☐ Positive ☐

HBsAg :Negative☐ Positive ☐ Syphilis :Negative☐ Positive ☐

S.Cr :_____ µmol/l eGFR: _____ ml/min/1.73m^2

Treatment and follow up

PrEP started :Yes ☐ No ☐

Schedule :_____

Next Review :_____

_____ _____

Date Name and signature of the doctor

Note: *Need to enter all data in this form once EIMS is restored.*