## TREATMENT ADHERENCE DOCUMENTATION FORM

Client's UIN:			Case Manager:				A	Agency: _			
Cli	ent's medical car				_ <b>P</b> h	one:					
LA	B Results:										
	Date										
	CD4#										
	CD4 %										
	Viral Load										
An	nual Vaccination	/Screening:									
		Influenza vaccine	Pap Screening (Female Only)	Herpes simplex	Chlamy	/dia	Tric	homonas	Gonorrhe	a	Syphilis
	Date Received										
	Data source	Self Lab	Self Lab	Self Lab	Self Lab			Self Lab	Self Lab		Self Lab
ME	MEDICALLY RELATED APPOINTMENTS TRACKING										
Ap	Appointment with: Date		Attend	ed?	Notes: (a	lso ir	ıdica	te if info i	s self-repo	rt, (	or other)
			☐ Yes [	□ No							
			☐ Yes [	□ No							
			☐ Yes [	□ No							
			Yes [	No							
			☐ Yes [	□ No							
			☐ Yes [	□ No							
			☐ Yes [	□ No							
			Yes [	□ No							
			☐ Yes [	□ No							

## **Vaccination History**

Vaccination	Date Received	Re-Vax Date	
Pneumovax			☐ Unknown
Tetanus toxoid or Tdap			☐ Unknown
Hepatitis B vaccine			☐ Unknown
Hepatitis A vaccine			☐ Unknown
Influenza vaccine			☐ Unknown

## Other illnesses, diseases, infections and health concerns

Check any that client has experienced or is currently experiencing. Specify if it is current or there is history.

		Current or in		I Date/Recill of lect
		the last 12	Prior	Date/Result of test
1		months	history	
	Abscesses			
]	Epilepsy/seizure disorder			
]	Heart disease			
]	Endocarditis			
]	Hepatitis A			
]	Diabetes			
1	Kidney disease			
]	Hypertension			
	Asthma or COPD			
]	Physical disability			
	Chronic diarrhea			
STDs				
	Chancroid			
	Herpes simplex			
	Chlamydia			
	Trichomonas			
1	Gonorrhea			
	Bacterial vaginosis			
	Perirectal warts	П		
	Genital warts			
	Syphilis	П		
	ORTUNISTIC INFECTONS: MALIGNANCIES			
	Anal cancer			
	Cervical cancer			
	Kaposi Sarcoma			
	Non-Hodgkin Lymphoma			
	Hodgkin Lymphoma			
	ORTUNISTIC INFECTONS: PARASITIC INFECTI			
	Cryptosporidiosis			
	Isosporiasis			
	Microsporidiosis			
	Cyclosporiasis			
	Amoeba infection			
	Giardiasis			
	Toxoplasmosis			
	DRTUNISTIC INFECTONS: BACTERIAL INFECT	<del>_</del>		
	Tuberculosis (TB)			
	Mycobacterium avium complex (MAC)			
	Bacterial pneumonia			

	Current or in the last 12 months	Prior history	Date/Result of test
Nocardia infection			
Staph infections			
Bacillary angiomatosis			
OPPORTUNISTIC INFECTONS: VIRAL INFECTIONS			
CMV			
Hepatitis B - circle one: chronic or previous			
Hepatitis C - circle one: chronic or previous			
Herpes zoster virus ("shingles")			
Molluscum contagiosum			
Oral hairy leukoplakia			
Progressive multifocal leukoencephalopathy (PML)			
OPPORTUNISTIC INFECTIONS: FUNGAL			
Esophageal candidiasis			
Pneumocystosis (PcP)			
Thrush (oral candidiasis)			
Vaginal yeast infections			
Histoplasmosis			
Cryptococcosis			
Coccidioidomycosis			
Aspergillosis			
NEUROLOGICAL CONDITIONS			
AIDS dementia complex (ADC)			
Peripheral neuropathy			
Post-herpetic Neuralgia			
OTHERS			
Aphthous ulcers ("canker sores")			
Thrombocytopenia (low platelets)			
Anemia (low red blood cells)			
Leukopenia (low white blood cells)			
Wasting syndrome			
Depression			

What ar	e some past and present health concerns related to your HIV disease	
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