

NAME:				DOB:		M / F	
MASA#		CM#		OMANG#		Naïve at 1 <sup>st</sup> Visit to IDCC? Yes / No	
Baseline CD4 Date:			Initiation Regimen (1 <sup>st</sup> line)	date:		Side effects/Toxicities/Reason for switch	
Baseline Viral Load Date:							
History	Viral Load	CD4	2 <sup>nd</sup> line Regimen	date:		Side effects/Toxicities/Reason for switch	
date:							
date:							
date:							
date:			3 <sup>rd</sup> line Regimen	date:		Side effects/Toxicities/Reason for switch	
date:							
date:							
date:							
date:			4 <sup>th</sup> line Regimen	date:		Side effects/Toxicities/Reason for switch	
date:							
date:							
date:							
RESISTANCE TESTING			5 <sup>th</sup> line Regimen	Date:		Side effects/Toxicities/Reason for switch	
Date:							
Reviewed by:							
Date:							
Reviewed by:							
Date:							
Reviewed by:							
Reviewed by:							
<b>ADHERENCE REVIEW</b>							
Adherence Partner identified: Yes / No				Dementia: Yes / No			
Substance Abuse: Yes / No				Too ill: Yes / No			
Drug/Drug Interactions: Yes / No				Concurrent Tb medications? Yes /No			
Date of specialized education/counseling intervention:							
<b>OTHER NOTES:</b>							
