



WHITMAN-WALKER CLINIC

Max Robinson Center for Health and Living Referral form

Client Information			
Name		Whitman-Walker Clinic ID Number	
Street Address			
City, State, Zip code			
Telephone Number	Social Security Number	Date of Birth	
Age	Sex	Ethnicity	
Height	Weight	Recommended Participation <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 days per week	
Case Manager Name	Telephone Number	Referring Agency	
Insurance/ Medicaid #			
Reason for Referral			

Present Living Situation			

Emergency Contact Information			
Name		Daytime Phone	Evening Phone
Street Address			
City, State, Zip code			

Is emergency contact aware of HIV status? Yes No

May we call you at home? Yes

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Medical Information

Patient Demographics			Patient History	
Last Name, First Name			Medical History	HIV/AIDS History Opportunistic Infections
Age	DOB	Sex	Food or Medication Allergies	<input type="checkbox"/> PCP <input type="checkbox"/> Toxoplasmosis <input type="checkbox"/> Cryptococcal meningitis <input type="checkbox"/> Candidiasis <input type="checkbox"/> Wasting Syndrome <input type="checkbox"/> Dementia <input type="checkbox"/> Peripheral Neuropathy <input type="checkbox"/> MAC _____
Evidence of Negative CXR (within the past 3 months) is necessary for admission:	Date 1 st Diagnosed with HIV:		<input type="checkbox"/> HTN <input type="checkbox"/> DM <input type="checkbox"/> Asthma/COPD <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Smoking <input type="checkbox"/> Cardiac Disease <input type="checkbox"/> Hepatic Disease <input type="checkbox"/> ETOH use/abuse <input type="checkbox"/> Drug use/abuse <input type="checkbox"/> Mental health problem _____	
	AIDS Diagnosis:			
X-ray date:	Transmission Risk:			
STATUS:	CDC Classification:			
<input type="checkbox"/> Copy of Report attached	Date:			

Current Medication Regimen

Anti-Retrovirals		Protease Inhibitor	NNRTI/NRTI & Other	Prophylactic Agents
NNRTI <input type="checkbox"/> Delavirdine (Rescriptor) <input type="checkbox"/> Efavirenz (Sustiva) <input type="checkbox"/> Emtricitabine (Emtriva) <input type="checkbox"/> Efavir/Ziagen (Epzicom) <input type="checkbox"/> Nevirapine (Viramune) <input type="checkbox"/> Tenofovir/ Emtricitabine (Truvada)	NRTI <input type="checkbox"/> Abacavir (Ziagen) <input type="checkbox"/> AZT/3TC/Abacavir (Trizivir) <input type="checkbox"/> Didanosine – ddI (Videx EC) <input type="checkbox"/> Lamivudine – 3TC (EpiVir) <input type="checkbox"/> Lamivudine/zidovudine (Combivir) <input type="checkbox"/> Stavudine – d4T (Zerit) <input type="checkbox"/> Tenofovir (Viread) <input type="checkbox"/> Zalcitabine – ddC (Hivid) <input type="checkbox"/> Zidovudine (Retrovir)	<input type="checkbox"/> Atazanavir (Reyataz) <input type="checkbox"/> Darunavir (Prezista) <input type="checkbox"/> Fosamprenavir (Lexiva) <input type="checkbox"/> Indinavir (Crixivan) <input type="checkbox"/> Lopinavir/Ritonavir (Kaletra) <input type="checkbox"/> Nelfinavir (Viracept) <input type="checkbox"/> Ritonavir (Norvir) <input type="checkbox"/> Saquinavir (Invirase) <input type="checkbox"/> Tipranvir (Aptivis)	<input type="checkbox"/> Efavirenz/ Emtricitabine/Tenofovir (Atripla) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Azithromycin (Zithromax) <input type="checkbox"/> Clarithromycin (Biaxin) <input type="checkbox"/> Dapsone <input type="checkbox"/> Fluconazole (Diflucan) <input type="checkbox"/> TMP/DSX (Bactrim)

Most Recent
CD4/CD8: _____ Date: _____

Most Recent
Viral Load: _____ Date: _____

Date of
Last Pneumovax: _____

Date of
Last TB Screening (PPD): _____

Date of
Last Well Woman Exam (PAP SMEAR): _____

Date of
Last RPR: _____ Results: _____

Hepatitis B
Antigen Status: _____ Antibody Status: _____

Hepatitis C
Antibody Status: _____

Provider Information	
Name	Telephone Number
Street Address	
City, State, Zip code	
Physician's Signature	Date

Information contained in this document will be considered current and in effect for one year from today's date unless we are notified by your office of any changes.