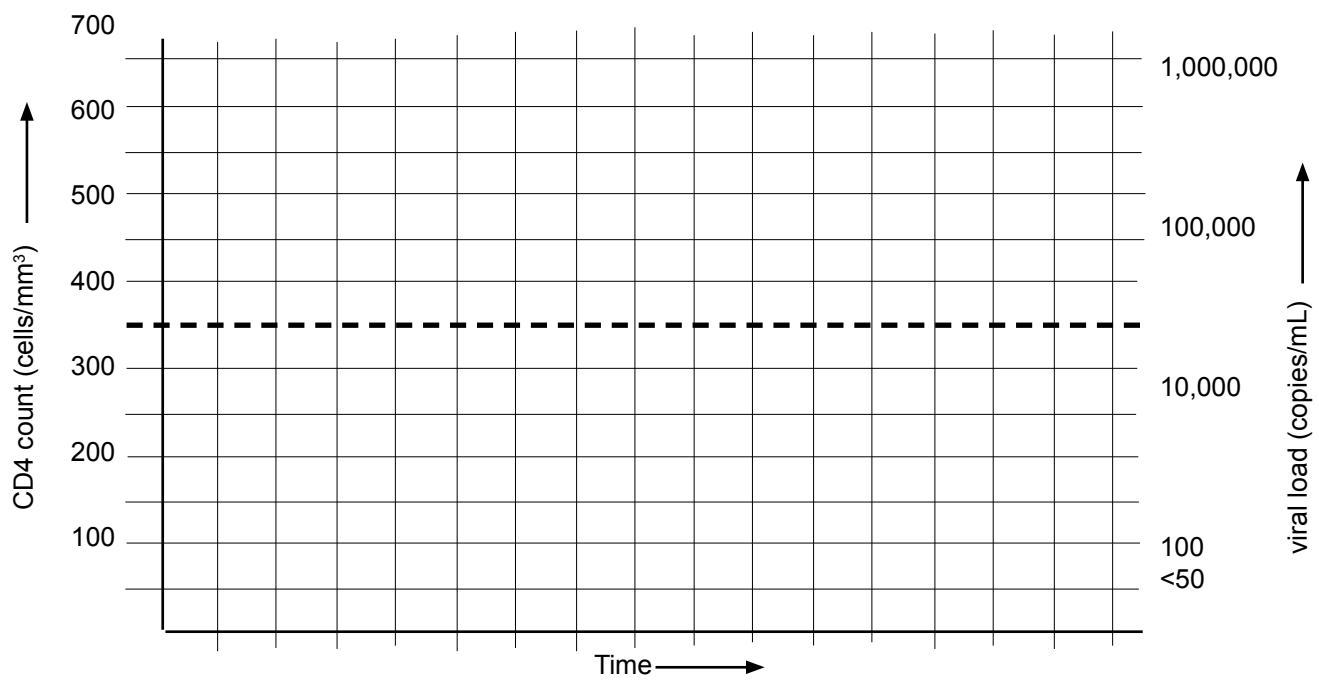
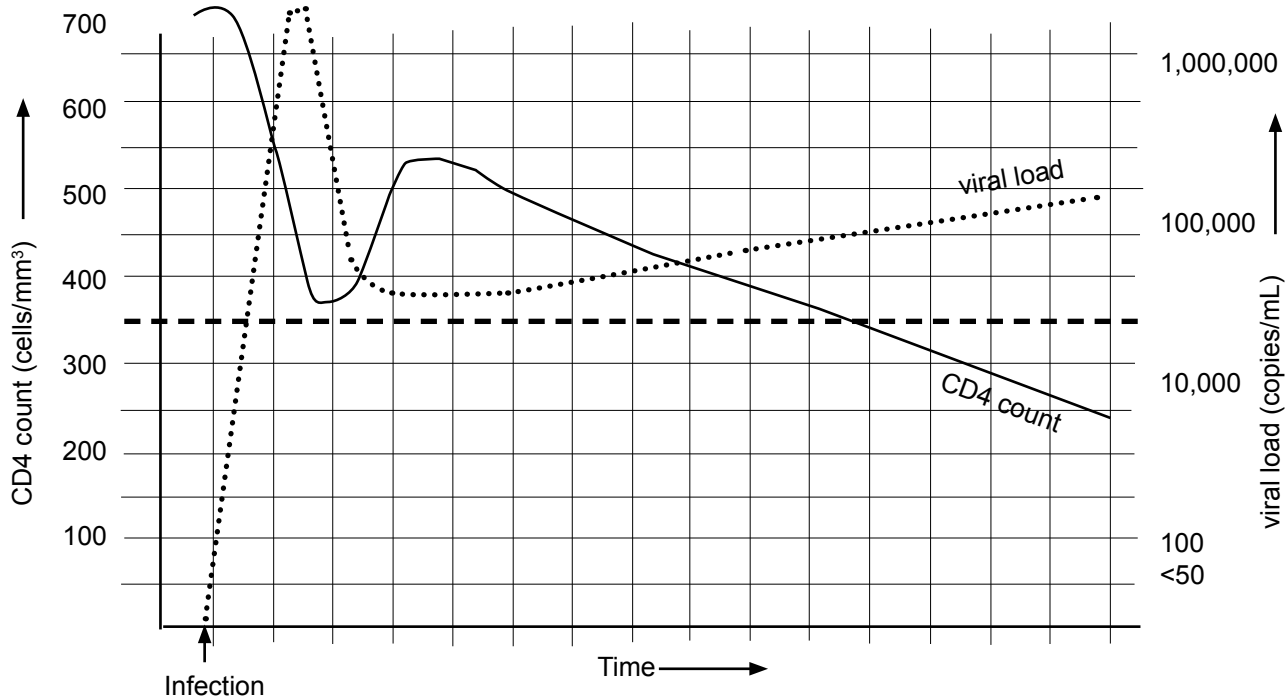


# Immune function and viral load chart

Date \_\_\_\_\_



Current drug treatment regimen						
Generic name	Trade name	Dose	Times/day	With or without food?		
_____	_____	_____	_____	Yes	No	Either
_____	_____	_____	_____	Yes	No	Either
_____	_____	_____	_____	Yes	No	Either
_____	_____	_____	_____	Yes	No	Either
_____	_____	_____	_____	Yes	No	Either

Do not stop any of your drugs without first consulting with your doctor or nurse.

The emergency contact number is: \_\_\_\_\_