Patient Update __/__

Contact details

Name : ______

Telephone : ______

Mobile : ______

Email : ______

Messages can be left : Yes ☐ No ☐

Currently working : Yes ☐ No ☐

Occupation : ______

Regular partner : Yes ☐ No ☐

First name : ______

Known HIV+ : Yes ☐ No ☐ Unknown ☐

Physical	Patient History	Family History (1st degree relative age <50)
Weight : ______ kg	Diabetes ☐ ______	Diabetes ☐ ______
Height : ______ m	MI ☐ ______	MI ☐ ______
BMI : ______ kg / m2	Stroke ☐ ______	Stroke ☐ ______
BP : ______ /______	DVT ☐ ______	DVT ☐ ______
	Cancer ☐ ______	Cancer ☐ ______

Cigarette smoker : Current ☐ Past ☐ Never ☐ (< 5/day < 1 year)

Protected sex : Always ☐ Sometimes ☐ Never ☐

Annual Bloods **Date:** ______ **Fasted** **Yes** ☐ **No** ☐

Hepatitis Attends Hep Clinic Yes ☐ No ☐

A Ig G ______

Date vaccinated ______

B anti-HBS ______ iu/ml

Date vaccinated ______

B sAg ______

B eAg ______

B cAb ______

B RNA ______ cp/ml

C Ab ______

C RNA ______ Genotype ______

EBV Ab ______

GBV Ab ______

KSHV Ab ______ KSHV PCR ______

Toxo Ab ______ titre ______

Syphilis IgG ______ Past Rx Yes ☐ No ☐

Thyroid : Free T4 ______ TSH ______

Cholesterol ______ mmol/L

Triglycerides ______ mmol/L

HDL ______ mmol/L

LL Agents : Yes ☐ No ☐ Which? ______

Attends lipid clinic : Yes ☐ No ☐

♂ Testosterone ______ mmol/L SHGB ______

Test replacement : Yes ☐ No ☐

Anabolic Steroids : Current ☐ Past ☐ Never ☐

♀ Attends Womens Clinic : Yes ☐ No ☐

If not referral made : Yes ☐

Other abnormal result ______

Known allergies : ______

______

______

______

Annual Bloods done : Yes ☐ No ☐

Consents taken :

General Yes ☐ No ☐

Virus study Yes ☐ No ☐

Nurse signature : ______

Doctor signature : ______

Date : ______

On Treatment Adherence : ______ %

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