Has your address, household, or living arrangements changed?  
YES  NO

Notes:

Has your phone number changed?  
YES  NO

Has your income changed?  
YES  NO

Has your primary care provider changed?  
YES  NO

Has your ID provider changed?  
YES  NO

Has your insurance (Private, Medicare, Medicaid) changed?  
YES  NO

If yes, request or obtain copies of new information.

For MCM use: Has a Medical Encounter form been updated and completed today?  
YES  NO

For MCM Use: Clinical Summary printed and attached to Mid-year review?  
YES  NO

Tell me what you know about CD4/viral load tests.

CD4__________    VL _________________  Date of Labs __________________

What is the importance of going to the doctor regularly?

Tell me what you know about how to avoid transmission of HIV to others.

Tell me what you know about how to avoid re-infection of HIV.

Describe the client's overall understanding of HIV.

Action Plan Reviewed today?  
Yes  No

I certify that all of the above information has been entered in PE.

Medical Case Management Signature: ___________________________  Date: ___________________________

Next Review Due: __________________________