




# Clinical Medical Indicator Form

Today's Date: \_\_\_\_\_

Client's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of client's last appointment: \_\_\_\_\_ Date of client's next appointment: \_\_\_\_\_ 

CD 4 Count: \_\_\_\_\_ Date: \_\_\_\_\_ Viral Load: \_\_\_\_\_ Date: \_\_\_\_\_ Copy of lab test attached:  yes  no\*

\* If "no," attach lab test within 60 days (grace period) to continue services and enter date attached here: \_\_\_\_\_

Hep. A:  pos  neg      Hep. B:  pos  neg      Hep. C:  pos  neg

TB status: Date of last test: \_\_\_\_\_ Results:  pos  neg      D.O.T. Therapy:  yes  no

OB/GYN exam (if applicable):  Date of last PAP: \_\_\_\_\_ Results: \_\_\_\_\_

Is client on a HAART regimen?  yes  no      (\*Freq. Key.: X = Number of times      E = Every)

Current Medication:

Name	Dosage	Freq.*	Name	Dosage	Freq.*
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Other medical conditions: \_\_\_\_\_

Does client have treatment adherence issues? \_\_\_\_\_

Person completing this form: \_\_\_\_\_ Certification: \_\_\_\_\_

Affiliation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

6 Month Verification: *(This section is completed within 6 months after client's lab test was attached to this form. Count 6 months from Today's Date above. Or, if lab test was attached during 60 day grace period, count 6 months from when it was actually attached, see " \* " above.)* Verification of client's status needs to be done a minimum of every 6 months, to continue services. So, if client's lab test has not changed since the one that is attached and 6 months or less have gone by, complete this section to verify such. If more than 6 months have gone by, disregard this section and completed a new form.

Date: \_\_\_\_\_ Person verifying: \_\_\_\_\_

Certification: \_\_\_\_\_ Affiliation: \_\_\_\_\_ Phone Number: \_\_\_\_\_