Division of Immigration Health Services

DIHS HCP Chronic Disease Flow-Sheet-HIV/AIDS

HIV/AID

Date Diagnosed:	
Past/Present History: (sexual/drug, blood transfusion?)	
Family	
Previous Treatment:	

	Date:	Results:
PPD		
Oral Exam:		
CXR:		
Pap Smear:		
Eye Exam:		

	Date	Education	Provider
Patient Education:		What is HIV/AIDS	
		Signs & symptoms	
		Treatment (Diet, health habits)	
		Medications	
		Follow-up (Lab, exams)	

Visit Date:														
Weight:														
Medications:	1.													
	2.													
	3.													
Lab:	CD4													
	CBC													
	SMAC													
Viral Load														

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:

1. Name: (Last)	(First)
2. DOB:	3. A #
4. Nationality:	5. Facility:

Form DIHS-842-E (1/99)