



# F/C AETC Project ECHO™ HIV/AIDS Telehealth Clinic Initial Case Presentation



**Please fax to 866-499-2041**

**For Puerto Rico and U.S. Virgin Islands: 813-464-8036**

<b>Reason for Case Presentation:</b>				<b>Presentation Date:</b>					
				<b>Clinician:</b>					
				<b>Phone:</b>					
				<b>E-mail:</b>					
				<b>Patient Identifier</b>	(Clinic Initials and Chart #):				
<b>General Information:</b>	Age	Gender	Height	Weight	Date of HIV Dx	Nadir CD4 (if known)	Current CD4	Current HIV RNA	
<b>Medical &amp; Psychiatric History:</b>									
<b>Pertinent Social History:</b>									
<b>Physical Findings:</b>									

**Pertinent Labs  
(Attach most recent labs and prior resistance testing results with dates):**

**Current Meds  
(including doses) or attach current list:**

<b>Past ARVs (check all that apply):</b>	Zidovudine/ Retrovir® (AZT)	Stavudine/Zerit® (d4T)	Tenofovir/ Viread® (TDF)	Abacavir/ Ziagen® (ABC)	Didanosine/Videx/ Videx EC® (ddl)	Lamivudine/ Epivir® (3TC)	Emtricitabine/ Emtriva® (FTC)	Zalcitabine/ Hivid® (ddC)
	Trizivir® (AZT/3TC/ABC)	Combivir® (AZT/3TC)	Epzicom® (3TC/ABC)	Truvada® (FTC/TDF)	Atripla® (EFV/FTC/TDF)	Nevirapine/ Viramune® (NVP)	Delavirdine/ Rescriptor® (DLV)	Efavirenz/ Sustiva® (EFV)
	Etravirine/ Intence® (ETR)	Rilpivirine/ Edurant™	Nelfinavir/ Viracept® (NFV)	Saquinavir/Invirase®/ Fortovase® (SQV)	Indinavir/ Crixivan® (IDV)	Ritonavir/Norvir® (RTV)	Amprenavir/ Agenerase® (APV)	Fosamprenavir/ Lexiva® (FPV)
	Atazanavir/ Reyataz® (ATV)	Lopinavir/Ritonavir/ Kaletra® (LPV/r)	Tipranavir/ Aptivus® (TPV)	Darunavir/ Prezista® (DRV)	Enfuvirtide/Fuzeon® (T-20, ENF)	Maraviroc/ Selzentry® (MVC)	Raltegravir/ Isentress® (RAL)	

**Adverse Med Reactions or Allergies:**

**Additional Comments:**