[INSERT PRACTICE NAME]

HIV Therapy Flow Sheet

Hepatitis
A
B
C + -

Patient: _____

DOB: _____ Primary/Other MD: _____

HIV / WB 1_____ 2_____

Date								
HIV Genotype								
CD4								
CD4 %								
Viral Load								
WBC								
Hgb								
PLT								
ANC								
Chem								
Creatnine								
AST								
ALT								
Alk Phosph								
Indir Bilirubin								
LDL								
Triglycerides								
G6PD								
PPD								
Pn Vax								
Flu Vax								
PAP								
RPR								
Retro Rx:								
Ol Prophy								