Réseau ACCESS Network

HIV/Hepatitis Health and Social Services

Services sociaux et de santé pour l'hépatite et vih

PATIENT DEMOGRAPHICS

APPLY PATIENT LABEL

TAP CLINIC REFERRAL

FAX 705-222-5276

Patient information:

Preferred name		**Primary care provider**	
Pronouns		**Insurance type**	☐OHIP ☐UHIP ☐ IFH ☐Other/Unknown
Primary language		**Drug coverage**	☐Private ☐ODB ☐ None ☐Other/Unknown

Allergies:

Relevant history:

☐ Please attach a list of **current medications** (prescribed, over-the-counter, vitamins, minerals, herbal supplements)
☐ Please attach a list of **all previous HIV medications** (treatment, PrEP, or PEP) and **HCV medications**
☐ Patient is aware of diagnosis / reason for referral ☐ **YES** ☐ **NO**

Reason for referral:

☐ **HIV treatment.** For patients referred for HIV care, please attach the following if available:

☐ HIV diagnostic serology	☐ Anti-toxoplasma IgG	☐ HAV status
☐ HIV viral load (current, and at dx)	☐ HbA1c	☐ HBV status
☐ CD4 count (current, nadir, at dx)	☐ Glucose	☐ HCV status
☐ HIV genotyping	☐ Creatinine (eGFR)	☐ Syphilis serology
☐ G6PD deficiency screening	☐ ALT, AST, and bilirubin	☐ Gonorrhea
☐ Vaccine records	☐ Urinalysis	☐ Chlamydia
☐ Tuberculin skin test / IGRA results	☐ Lipid assessment	

☐ **HIV pre-exposure prophylaxis (PrEP).** For patients referred for HIV PrEP, please indicate:

Has the patient ever used HIV PrEP or PEP?	☐Yes ☐No ☐ Unknown
If yes, medication used:	

☐ **Doxycycline post-exposure prophylaxis (doxy PEP).** For patients referred for doxy PEP, please indicate:

Has the patient ever used HIV PrEP or PEP?	☐Yes ☐No ☐ Unknown
If yes, medication used:	
Date of last bacterial STI diagnosis:	

☐ **Hepatitis C treatment**. For patients referred for HCV care, the following MUST be attached:

☐ AST ☐ ALT ☐ CBC

Referring clinician:

Name		**Billing number**	
Date		**Phone**	
Signature		**Fax**	