

Medical Provider (name, address, phone, email):

Pt name or MRN or sndx :

Medical record #:

Date of birth (mm/dd/yyyy): ___/___/___

Place of birth: US Other, Specify _____

Current residence Seattle Non-Seattle King County Other

Gender: M F Other, specify _____

Race/ethnicity (check all that apply):
 White Black Latino Asian
 Native American/Alaska Native

HIV history:

HIV risk: MSM IDU
 Heterosexual (sex with MSM, IDU or known +)
 Unknown Other, specify: _____

Date of last HIV negative test (mm/dd/yyyy): ___/___/___ Unknown

Date HIV diagnosed (mm/dd/yyyy): ___/___/___ Unknown

Any acute seroconversion syndrome (and approximate date if so)? Yes ___/___/___ No Unknown

Any other evidence of length of infection (PCR+, WB-, indeterminate WB? STARHS?)

Travel around time of HIV/MDR acquisition? Yes No Unknown

If yes, unsafe sex or injection equipment sharing while traveling? Yes No Unknown

If yes, where?

CD4 closest to HIV diagnosis? _____ Date: ___/___/___

Viral load closest to HIV diagnosis? _____ Date: ___/___/___

CD4 closest to MDR diagnosis? _____ Date: ___/___/___

Viral load closest to MDR diagnosis? _____ Date: ___/___/___

Most recent CD4 _____ Date: ___/___/___

Most recent viral load _____ Date: ___/___/___

History of ARV use (check all that apply)? PI NNRTI NRTI Other None

If any ARV, start date ___/___/___
Other details of ARV use:

Source of HIV infection

Any knowledge of source of HIV? Yes No Unknown

If so, details (date of transmission, ARV history/adherence of source partner)?

MDR Details

Results (Specific mutations or drugs, circle all that apply)	RT			PI			Fusion Inhibitors	
	Mutations	Drugs		Mutations	Drugs		Mutations	Drugs
	M41L	NRTI:		D30N	APV			T20
	A62V	ABC		V32I	ATV			
	K65R	ddI		L33F	FPV/LXV			
	D67N	FTC		M46I/L	IDV			
	K70R	d4T		G48V	LPV			
	L74V	TDF/TFV		I50L	NFV			
	V75I	ddC		L76V	RTV			
	F77L	ZDV/AZT		V82A/F/T/L	SQV			
	L100I	3TC		I84V	LPV/r			
	K103N			N88S				
	V106A/M	Combivir		L90M				
	V108I	Trizavir		Others:				
	Y115F	Truvada						
	F116Y							
	Q151M							
	Y181C/I							
	M184V/I							
	Y188L							
	G190S/A							
	L210W	NNRTI:						
	T215Y/F	DLV						
K219Q/E	EFV							
P225H	NVP							
P236L								
Others								

Date MDR HIV diagnosed? (draw date) ___/___/___
Lab of genotype or phenotype:
Date confirmatory genotype/phenotype? ___/___/___
Lab of confirmatory test:

Subclass: <input type="checkbox"/> B Other: _____
Replicative capacity Percent: _____ Range: _____

HIV risks in year prior to MDR diagnosis

Number of sexual partners: _____

Number of sexual partners with unprotected sex: Positive:___ Negative ___ Unk _____

Number of injection drug equipment sharing partners: Positive:___ Negative ___ Unk _____

Internet partners? Yes No Unk Sites? _____

Bathhouse partners? Yes No Unk Sites? _____

Sex party partners? (Site = rough location or neighborhood) Yes No Unk Sites? _____

Other venues of meeting more than one sex partner? Yes No Unk Sites? _____

Meth use? Yes No Unknown

If yes, injected meth? Yes No Unknown

Erectile Dysfunction Drugs? Yes No Unknown

Amyl Nitrate (Poppers) use? Yes No Unknown

Alcohol use (more than one beer/one glass wine daily) Yes No Unknown

Other substance use, Specify _____? Yes No Unknown
Specify: _____

STDs diagnosed in past 3 years? Yes No Unknown
Specify: _____

Other co-morbidity in past 3 years? Yes No Unknown
Specify: _____