

HRSA AIDS Education and Training Centers
CLINICAL CONSULTATION - Individual

Consultee's Name _____ Consultant's Name _____

To create a unique ID number, use the month and the day of the consultee's birth and the last four digits of his/her social security number. For example, May 29, 123-45-6789 has the ID number 05296789.

M	M	D	D	#	#	#	#

Unique ID Number

		/			/		
M	M		D	D		Y	Y

Date of Consultation

1. Patient/Client Characteristics (Code based upon presentation of consultee):

<p>1A. Gender</p> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender <input type="radio"/> Don't Know	<p>1B. Age</p> <input type="radio"/> Less than 2 years <input type="radio"/> 45-64 years <input type="radio"/> 2-12 years <input type="radio"/> 65 and older <input type="radio"/> 13-24 years <input type="radio"/> Don't Know <input type="radio"/> 25-44 years	<p>1C. Ethnicity (Select one):</p> <input type="radio"/> Hispanic or Latino/Latina <input type="radio"/> Non-Hispanic or Non-Latino/Latina <input type="radio"/> Don't Know <p>1D. Racial Background (Select all that apply)</p> <input type="radio"/> White <input type="radio"/> Black or African American <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Don't Know
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2. TOPICS of Clinical Consultation (Select all that apply)

<p>Clinical Management of HIV Disease</p> <input type="radio"/> 1. Adherence <input type="radio"/> 2. Antiretroviral Treatment <input type="radio"/> 2a. HAART <input type="radio"/> 2b. Resistance <input type="radio"/> 2c. Salvage Therapy <input type="radio"/> 2d. Treatment Sequencing <input type="radio"/> 3. Basic Science and Epidemiology <input type="radio"/> 3a. Immunology/Virology <input type="radio"/> 4. Clinical Manifestations <input type="radio"/> 4a. Identification of HIV Infection <input type="radio"/> 4b. Metabolic Disorders <input type="radio"/> 4c. Neuropsychiatric Manifestations <input type="radio"/> 4d. Oral Manifestations <input type="radio"/> 5. Co-Morbidities <input type="radio"/> 5a. Hepatitis A, B, C <input type="radio"/> 5b. STDs <input type="radio"/> 5c. Tuberculosis <input type="radio"/> 5d. Other (specify) _____	<input type="radio"/> 6. Diagnostic Tests and Disease Progression <input type="radio"/> 6a. CD4 <input type="radio"/> 6b. Genotype/Phenotype <input type="radio"/> 6c. HIV Antibody Test <input type="radio"/> 6d. Viral Load <input type="radio"/> 7. Early Interventions for HIV Disease <input type="radio"/> 8. Opportunistic Infections <input type="radio"/> 8a. O.I. Diagnostic Testing <input type="radio"/> 8b. O.I. Prophylaxis <input type="radio"/> 8c. O.I. Treatment <input type="radio"/> 9. Palliative Care <input type="radio"/> 10. Pain Management <input type="radio"/> 11. Pediatric HIV Management <input type="radio"/> 12. Perinatal Transmission <input type="radio"/> 13. Post-Exposure Prophylaxis <input type="radio"/> 13a. Non-Occupational Exposure <input type="radio"/> 13b. Occupational Exposure <input type="radio"/> 14. Reproductive Health	<input type="radio"/> 15. Treatment/NonART Medications <input type="radio"/> 15a. Adverse Drug Reactions <input type="radio"/> 15b. Alternative Medicine <input type="radio"/> 15c. Drug-Drug Interactions <input type="radio"/> 15d. Food-Drug Interactions <input type="radio"/> 15e. Nutrition <input type="radio"/> 15f. Pharmacokinetics <p>Prevention and Behavior Change</p> <input type="radio"/> 16. Occupational Exposure/Infection Control <input type="radio"/> 17. Risk Assessment <input type="radio"/> 18. Risk Reduction <p>Psychosocial Issues</p> <input type="radio"/> 19. Cultural Competency <input type="radio"/> 20. Mental Health <input type="radio"/> 21. Psychiatric Sequelae of HIV <input type="radio"/> 22. Sexual/Domestic Violence <input type="radio"/> 23. Substance Use/Abuse <input type="radio"/> Other Topics (Specify) _____
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3. Consultee's profession/discipline (Select one)

<input type="radio"/> Advanced Practice Nurse	<input type="radio"/> Pharmacist
<input type="radio"/> Dentist	<input type="radio"/> Physician
<input type="radio"/> Mental Health Professional	<input type="radio"/> Physician Assistant
<input type="radio"/> Nurse	<input type="radio"/> Social Worker
<input type="radio"/> Nurse Practitioner	<input type="radio"/> Substance Abuse Professional
<input type="radio"/> Other Dental Professional	<input type="radio"/> Other (specify) _____

4. What is the name of consultee's principal employer? (Where does he/she work?)

RWCA-Funded: Yes No Don't Know

5. ZIP Code of consultee's employment setting?

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6. Consultee's principal employment setting (Select ONE best answer)

<input type="radio"/> Community/Migrant Health Center	<input type="radio"/> Substance Abuse Treatment Facility
<input type="radio"/> Community Mental Health Center	<input type="radio"/> STD/Family Planning Clinic
<input type="radio"/> Correctional Facility	<input type="radio"/> Tribal/Indian Health Service
<input type="radio"/> Emergency Room/Urgent Care Clinic	<input type="radio"/> Other Community-based Service Organization (CBO)
<input type="radio"/> HMO/Managed Care Organization	<input type="radio"/> Other Public Health Agency
<input type="radio"/> Hospital or Hospital-based Clinic	<input type="radio"/> Other Health Care
<input type="radio"/> Rural Health Center	<input type="radio"/> Non-health
<input type="radio"/> Solo/Group Private Practice	<input type="radio"/> Not Working
<input type="radio"/> State/Local Health Department	

7. Number of patients/cases discussed:

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8. Length of consultation:

Fill in hours of training to the nearest quarter-hour.
 .25=1/4 hour, .50=1/2 hour, .75=3/4 hour.

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(hours)

9. Method of consultation (Select all that apply):

MAI Email Fax In-person Telephone Telemedicine

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May 2004

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Consultation Number

1	2
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AETC

0	4	9
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Subsite

Is this program funded by Minority AIDS Initiative?

Yes No

