



11915

Participant Medical Chart Review Tool

Participant ID: Site ID:
 Today's Date: / /

M M
D D
Y Y Y Y

Chart Review Period

 6 months
 Staff ID: Date of study enrollment:
Participant's HIV / AIDS Diagnosis Dates:**HIV Diagnosis date:**

1.0a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small style="display: flex; justify-content: space-around; width: 100%;"> M M D D Y Y Y Y </small>	<input type="checkbox"/> Patient report <input type="checkbox"/> Lab test	
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1.0b Was this patient perinatally infected? Yes No Unknown**AIDS diagnosis date:**

1.0c	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small style="display: flex; justify-content: space-around; width: 100%;"> M M D D Y Y Y Y </small>	<input type="checkbox"/> N/A	
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Date of LAST HIV primary care visit PRIOR to enrollment.

2.0	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small style="display: flex; justify-content: space-around; width: 100%;"> M M D D Y Y Y Y </small>	<input type="checkbox"/> N/A	
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 Participant is newly diagnosed. Participant is not newly diagnosed but is new to this clinic.**Hepatitis C Diagnosis:**3.0 Is the patient currently positive for Hepatitis C? Yes No Unknown3.1 If yes, is your clinic currently treating the patient for Hepatitis C? Yes No Unknown**CD4 Lab Values and Dates After Enrollment:***Please list the participant's CD4 lab dates and values starting with the first date following study enrollment.*

	Date of CD4 Lab Test		CD4 Lab Values		
4.0a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small style="display: flex; justify-content: space-around; width: 100%;"> M M D D Y Y Y Y </small>	4.0b	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> /mm ³ <input type="checkbox"/> Data pending <input type="checkbox"/> QNS	4.0c	<input type="text"/> <input type="text"/> <input type="text"/> %



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HIV Primary Care Medical Visits and Dates After Enrollment: For each 3-month period listed below, please document the dates of each HIV primary care medical visit at this clinic. A primary care medical visit is defined as a visit with a prescribing provider (MD, DO, PA, or NP) who is monitoring the patient's HIV lab values and HIV care. This does not include nursing visits, specialists, or hospital ER or inpatient visits. Data should be collected from electronic or paper charts.

	Primary Care Medical Visits		Primary Care Medical Visits
	Month 1 - 3		Month 4 - 6
6.0a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y Y Y	6.0b	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y Y Y
6.1a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y Y Y	6.1b	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y Y Y
6.2a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y Y Y	6.2b	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y Y Y
6.3a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y Y Y	6.3b	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y Y Y
6.4a	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y Y Y	6.4b	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y Y Y
	<input type="checkbox"/> No primary care visits were recorded in the chart during this time period		<input type="checkbox"/> No primary care visits were recorded in the chart during this time period



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Health Care Visits: For each 3-month period listed below, please document the total number of health care visits for each provider. A health care visit is defined as a visit with a non-prescribing provider who is providing supportive medical care, nursing, counseling, education, or management. Data should be collected from electronic or paper charts. For jail interventions: Use this section to record visits that occurred while the participant was NOT IN JAIL.

	Health Care Visits		Health Care Visits
	Month 1 - 3		Month 4 - 6
7.0a	HIV Nursing # of visits <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> No visits recorded in this period	7.0b	HIV Nursing # of visits <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> No visits recorded in this period
7.1a	HIV Medical Case Manager # of visits <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> No visits recorded in this period	7.1b	HIV Medical Case Manager # of visits <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> No visits recorded in this period
7.2a	Pharmacist # of visits <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> No visits recorded in this period	7.2b	Pharmacist # of visits <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> No visits recorded in this period
7.3a	Social Worker # of visits <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> No visits recorded in this period	7.3b	Social Worker # of visits <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> No visits recorded in this period
7.4a	Mental Health Counselor # of visits <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> No visits recorded in this period	7.4b	Mental Health Counselor # of visits <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> No visits recorded in this period
7.5a	Substance Abuse Counselor # of visits <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> No visits recorded in this period	7.5b	Substance Abuse Counselor # of visits <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> No visits recorded in this period



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Health Care Visits		Health Care Visits	
Month 1 - 3		Month 4 - 6	
7.6a	Psychiatrist # of visits <input type="text"/> <input type="text"/> <input type="checkbox"/> No visits recorded in this period	7.6b	Psychiatrist # of visits <input type="text"/> <input type="text"/> <input type="checkbox"/> No visits recorded in this period
7.7a	Other (please specify): <input type="text"/> # of visits <input type="text"/> <input type="text"/> <input type="checkbox"/> No visits recorded in this period	7.7b	Other (please specify): <input type="text"/> # of visits <input type="text"/> <input type="text"/> <input type="checkbox"/> No visits recorded in this period
HIV Antiretroviral Therapy			
8.0a	Has this person been prescribed antiretroviral therapy at any time in the past 12 months? (Note: this includes new and existing/refill prescriptions)	<input type="checkbox"/> Yes <input type="checkbox"/> No	8.0b (Please enter the most recent date of prescription) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>M M / D D / Y Y Y Y</small> How many refills? <input type="text"/> <input type="text"/>

Mental Health and Substance Use Disorders

9. Has the participant ever been diagnosed with mental health condition(s)?
 Yes No No medical records available prior to study enrollment

9a. If yes, what conditions? (Check all that apply)

- Depression Anxiety Bipolar Psychosis
 Other, specify:

10. Has the participant ever been diagnosed with a substance use disorder?
 Yes No No medical records available prior to study enrollment

10a. If yes, what substances? (Check all that apply)

- Alcohol Crack/Cocaine Opioids Marijuana Methamphetamine
 Benzodiazepine Nicotine Other, specify:



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Internal Referrals: This section refers to participant referrals to services that are housed in your agency and would be recorded in the participant's chart.

11. Since enrolling in this study, was the participant referred for mental health services **within** your agency?

Yes No N/A

12. Since enrolling in this study, was the participant referred for substance abuse treatment services (including residential treatment) **within** your agency?

Yes No N/A

Check here if the substance abuse treatment was residential treatment

External Referrals: This section refers to participant referrals to services that are housed outside of your agency and would be recorded in the participant chart.

13. Since enrolling in this study, was the participant referred for mental health services **outside of** your agency?

Yes No N/A

14. Since enrolling in this study, was the participant referred for substance abuse treatment services (including residential treatment) **outside of** your agency?

Yes No N/A

Check here if the substance abuse treatment was residential treatment

15. Name of data sources

CareWare or other Ryan White data management system

Electronic Health Record (type):

Other (please describe):

Additional notes: