



Raj Uttamchandani, MD/ Lorraine Dowdy, DO
7000 SW 62nd Avenue Suite 320
Miami, Florida 33143
(305) 740-6071 tele
(305) 740-9623 fax
www.midwaycare.org

Today's Date: _____

Last Name, First Name, Middle Initial: _____ Date of Birth: _____

Medical Questionnaire

What was the date of your positive diagnosis? _____

How did you contract HIV? _____

What is the lowest your Absolute CD4 count (T-cells) have been in the past? _____

Are you enrolled in Ryan White? Yes No

Are you enrolled in ADAP? Yes No

HIV Treatment History (*Skip if you are newly diagnosed with HIV*)

Please list your current HIV Medication(s): _____

_____, how long have you been on this? (these) _____

Are you allergic to any HIV medications? Yes No, if yes which one(s)? _____

Have you had any history of HIV related opportunistic diseases (circle all that apply)

Mycobacterium Infection

Kaposi's Sarcoma

Non PCP Pneumonia

Cryptosporidiosis

Aspergillosis

Cervical Cancer

Cytomegalovirus

Prog Mult. Leukoencephalopathy (PML)

Tuberculosis

Anal Cancer

Histoplasmosis

Pneumonia (PCP)

Cryptococcosis

Lymphoma

Shingles

Herpes Simplex (x1 month)

Toxoplasmosis

(Turn over to the other side ->)

Please circle any HIV medication that you were on in the past:

Multi tab Regimens

Legacy Drugs *(The following are no longer, or rarely prescribed)*

Agenerase	Crixivan	Kaletra	Retrivor	Viracept
Aptivus	Fuzeon	Lexiva	Trizivir	Viramune XR
Combivir	Invirase	Rescriptor	Videx EC	Zerit

Entry/Attachment Inhibitors

Selzentry	Trogarzo	Fostemsavir
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Non-Nucleoside reverse transcriptase Inhibitors *(Non-nukes)*

Edurant	Intelence	Pifeltro	Sustiva
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Nucleoside Reverse Transcriptase Inhibitors *(Nukes)*

Cimduo	Emtriva	Epzicom	Viread	Temixys
Descovy	Epivir	Truvada	Ziagen	

PK Inhibitors *(Boosters)*

Tybost	Norvir
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Protease Inhibitors *(Boosted and unboosted)*

Evotaz	Prezcobix	Prezista	Reyataz
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Integrase Inhibitors

Isentress HD	Tivicay
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Single-tab regimens

Atripla	Delstrigo	Juluca	Symfi	Triumeq
Biktarvy	Dovato	Odefsey	Symfi Lo	
Complera	Genvoya	Stribild	Symtuza	