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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	