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| --- | --- |
| Patient name: | Date of referral: |
| Date of birth (ddmmyyyy): |  |
| HIV consultant: | Consultant email: |
| Acute Centre | Contact telephone no: |
| Date of HIV diagnosis: | Recent CD4 | Date: |
|  | Nadir CD4 | Date |
| Stage of HIV: | A | B | C | Recent VL | Date |
| Recent Issues including HIV-related illnesses, admissions and management. psychiatric, drug and alcohol etc: |
| Other past medical history including. HIV-related, psychiatric, medical, drug and alcohol issues etc: |
| Current ARV’s (please include date started): | Other current medications: |
| Allergies: |  |
| Recent investigation results (including brain imaging): |
| Resuscitation Status:Date of DNR decision:What discussions have taken place regarding patient’s prognosis? |
| Have you included a recent discharge summary/clinic letter? | YES | N/A |
| Have you included relevant investigation reports/blood results? | YES | N/A |

Please attach any relevant additional information such as blood results, relevant investigation reports and reports from other specialties including psychiatry, neurology etc

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| --- | --- | --- | --- |
| **Name of Referring Doctor:** |  | **Signature:** |  |
| **Position:** |  | **Date:** |  |
| **Contact Number/Bleep:** |  | **Ward/clinic:** |  |