|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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

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