

Section 1 Patient/Provider Checklist

Organization/Clinic Name

CHECKLIST FOR INITIATING PREEXPOSURE PROPHYLAXIS (PrEP)

Print name of provider

Print name of patient

Today's date (month/day/year)

Provider Section

I have provided this patient with the following: (check all as completed):

- Assessment for possible acute HIV infection
- Indicated laboratory screening to determine indications for these medications
- An HIV risk assessment to determine whether PrEP is indicated for this patient
- A medication fact sheet listing dosing instructions and side effects
- Counseling or a referral for counseling on condom use and any other HIV risk-reduction methods this patient may need
- Advice on methods to help the patient to take medication daily as prescribed
- Information about PrEP use during conception and pregnancy (when indicated)
- A prescription for Truvada (300 mg tenofovir disoproxil fumarate, 200 mg emtricitabine)
- A follow-up appointment date

As the provider, I will:

- Limit refill periods to recommended intervals for repeat HIV testing (at least every 3 months)
- Conduct follow-up visits at least every 3 months that include the following:
 - Assessment of HIV status (including signs or symptoms of acute HIV infection)
 - Assessment of side effects and advice on how to manage them
 - Assessment of medication adherence and counseling to support adherence
 - Assessment of STI symptoms, HIV risk behavior and counseling support for risk-reduction practices
- Inform the patient of any new information about PrEP and respond to questions

Patient Section

It has been explained to me that:

- Taking a dose of PrEP medication every day may lower my risk of getting HIV infection
- This medicine does not completely eliminate my risk of getting HIV infection, so I need to use condoms during sex
- This medicine may cause side effects so I should contact my provider for advice by calling _____ if I have any health problems
- It is important for my health to find out quickly if I get HIV infection while I'm taking this medication, so
 - I will contact my provider right away if I have symptoms of possible HIV infection (fever with sore throat, rash, headache, or swollen glands)
- My provider will test for HIV infection at least once every 3 months

Therefore, I will:

- Try my best to take the medication my provider has prescribed every day
- Talk to my provider about any problems I have in taking the medication every day
- Not share the medication with any other person
- Attend all my scheduled appointments
- Call _____ to reschedule any appointments I cannot attend

Give one copy to patient