Pharmacist-Initiated HIV Post-Exposure Prophylaxis
Documentation & Communication Form

Part I: Patient Information

Patient Name _____________ _____________ Birth Date:___________ Age:______ Visit Date:___________
First *Last* *MM/DD/YY* *MM/DD/YY*

Address:______________________________ City:________________ State:______ Zip Code:____________

Phone:_(____)_____________ Primary Care Provider:____

Part II: PEP Dispensing

At the time of dispensing did the patient have an HIV test performed?	☐Yes	☐No	
If yes, results were….	☐Positive	☐Negative	
If no, was information provided on self-testing and local testing site options?	☐Yes	☐No	
Was a Drug-Drug Interaction Screening Performed?	☐Yes	☐No	☐Not Applicable
Drug Therapy Dispensed:_______________________________________	Day-Supply Dispensed:__________		

Part II: Education

Education Provided: ☐ Medication education for PEP regimen ☐ Risk mitigation

☐ Necessity for PCP or health dept follow-up ☐ Importance of HIV testing

Part III: Patient Consent to Release of Information

By signing this document, I agree to:

- Seek HIV testing, if not already done
- Seek follow-up care with my primary provider, local health department or clinic; and
- Allow the pharmacist/pharmacy to release information about my care today to my primary provider or the medical provider of my choosing.

Signature: ____ **Date: __________________**
PATIENT SIGNATURE

____ ______________________
Pharmacist Name *Date*

______________ ______________________________________ ______________________
Pharmacist NPI# *Pharmacy Name* *Pharmacy Phone #*

Faxed to Primary Care Provider on ____________________________ by ____________________________
Date *Responsible Party*

For Pharmacy Use Only
An attempt was made to follow-up with the patient to inquire as to whether the patient did schedule/keep an appointment for HIV testing and follow-up care with primary care or other medical provider.

______________________ ____________________ Patient Reached ☐Yes ☐No
Date Follow-up Attempted *Method of Contact*
Notes:____