Pharmacist-Initiated HIV Post-Exposure Prophylaxis

Patient Questionnaire

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: Patient History

Allergies:____

Please list all of your current medications, including nonprescription medications and dietary supplements:

____

____

Question			
Have you ever tested positive for HIV?	☐Yes	☐No	If yes, when? __________ *Date*
Are you currently pregnant?	☐Yes	☐No	☐Not Applicable
Are you able to become pregnant?	☐Yes	☐No	☐Not Applicable
Have you ever been diagnosed with kidney disease or told by a medical provider that you have decreased kidney function?	☐Yes	☐No	☐Unsure
Have you ever taken PEP in the past?	☐Yes	☐No	If yes, when? ___________ *Date*
If you answered yes to the previous question, did you have any side effects or serious problems?	☐Yes	☐No	If yes, please explain: ____________________ ____________________ ____________________

In the last 3 days (72 hours) have you experienced any of the following:

Exposure		
High-Risk • Intercourse (receptive or insertive) with a person known to be HIV positive • Needle sharing with a person known to be HIV positive • Injuries with exposure to potentially infectious fluids (through eye, mucous membrane, percutaneous, or non-intact skin) of a person known to be HIV positive	☐Yes	☐No
Lower-Risk • Intercourse (receptive or insertive) with a person with an unknown HIV status • Mouth to vagina, penis, or anus contact (insertive or receptive) with a person known to be HIV positive • Injuries with exposure to potentially infectious fluids (through eye, mucous membrane, percutaneous, or non-intact skin) of a person with unknown HIV status	☐Yes	☐No

Estimated time of potential exposure (XX:XX AM/PM, MM/DD/YY): __________________________________

Estimated hours elapsed since exposure: ___________________