



**Project ECHO HIV / AIDS Telemedicine Clinic
Initial Case Presentation
Please fax to (505) 272-6906**

Note: Please fax Genotype and/or Phenotype with this form (if applicable)

Reason for Case Presentation									
								Presentation Date	
Physician						<i>Patient's Initials followed by DOB (mm/dd/yy)</i>			
Patient Identifier	Age	Gender	Weight	Date of HIV Dx	Nadir CD4 (if known)	Current CD4	Current HIVRNA		
General Information									
Medical & Psychiatric History									
Pertinent Social History									
ARV History									
Adverse Med Reactions									
Current Meds									
Pertinent Physical Findings									
Pertinent Labs									