

VIII. Clinical Status

Clinical record reviewed Yes No

Enter date patient was diagnosed as
 • Asymptomatic (including acute retroviral syndrome and persistent generalized lymphadenopathy) Month Year
 • Symptomatic (not AIDS)

AIDS INDICATOR DISEASES	Initial Diagnosis		Initial Date		AIDS INDICATOR DISEASES	Initial Diagnosis		Initial Date	
	Def.	Pres.	Month	Year		Def.	Pres.	Month	Year
Candidiasis, bronchi, trachea, or lungs	1	NA			Lymphoma, Burkitt's (or equivalent term)	1	NA		
Candidiasis, esophageal	1	2			Lymphoma, immunoblastic (or equivalent term)	1	NA		
Carcinoma, invasive cervical	1	NA			Lymphoma, primary in brain	1	NA		
Coccidioidomycosis, disseminated or extrapulmonary	1	NA			<i>Mycobacterium avium</i> complex or <i>M.kansasii</i> , disseminated or extrapulmonary	1	2		
Cryptococcosis, extrapulmonary	1	NA			<i>M. tuberculosis</i> , pulmonary	1	2		
Cryptosporidiosis, chronic intestinal (>1 month duration)	1	NA			<i>M. tuberculosis</i> , disseminated or extrapulmonary*	1	2		
Cytomegalovirus disease (other than in liver, spleen, or nodes)	1	NA			<i>Mycobacterium</i> of other species or unidentified species, disseminated or extrapulmonary	1	2		
Cytomegalovirus retinitis (with loss of vision)	1	2			<i>Pneumocystis carinii</i> pneumonia	1	2		
HIV encephalopathy	1	NA			Pneumonia, recurrent, in 12-month period	1	2		
Herpes simplex: chronic ulcer(s) (>1 month duration); or bronchitis, pneumonitis, or esophagitis	1	NA			Progressive multifocal leukoencephalopathy	1	NA		
Histoplasmosis, disseminated or extrapulmonary	1	NA			Salmonella septicemia, recurrent	1	NA		
Isosporiasis, chronic intestinal (>1 month duration)	1	NA			Toxoplasmosis of brain	1	2		
Kaposi's sarcoma	1	2			Wasting syndrome due to HIV	1	NA		

Def.=definitive diagnosis

Pres.=presumptive diagnosis

*RVCT case number

If HIV tests were not positive or were not done, does this patient have an immunodeficiency that would disqualify him/her from the AIDS case definition? Yes No Unknown

IX. Treatment/Services Referrals

Has the patient been informed of his/her HIV infection? Yes No Unknown

This patient's partner(s) has been or will be notified about their HIV exposure and counseled by:
 Health Department Physician/Provider Patient Unknown

This patient received or is receiving:
 • Antiretroviral therapy Yes No Unknown

 • PCP prophylaxis..... Yes No Unknown

This patient is receiving or has been referred for:
 • HIV-related medical services Yes No NA Unknown

 • Substance abuse treatment services..... Yes No NA Unknown

This patient has been enrolled at:
Clinical Trial
 NIH-sponsored HRSA-sponsored
 Other Other
 None None
 Unknown Unknown

This patient's medical treatment is primarily reimbursed by:
 Medicaid Private insurance/HMO
 No coverage Other public funding
 Clinical trial/government program Unknown

For women: • This patient is receiving or has been referred for gynecological or obstetrical services..... Yes No Unknown

 • This patient is currently pregnant Yes No Unknown

 • This patient has delivered live born infant(s)..... Yes No Unknown

 (If yes and if delivered after 1977, provide birth information below for the most recent birth)

Child's date of birth Month Day Year
 Hospital of birth City State
 Child's Soundex
 Child's state patient number

X. Comments

~~Persons with HIV infection without an AIDS diagnosis must be reported without name. Persons with conditions meeting AIDS case criteria must be reported with name. For additional information about HIV/AIDS case reporting, please call your local health department.~~

XI. Provider Information

Physician's name (last, first, MI) Telephone number () Patient's medical record number Person completing form Telephone number ()
 Address (number, street) City State ZIP code

MAIL COMPLETED FORM TO YOUR LOCAL HEALTH DEPARTMENT.