**Demographics Chart Review Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| BU System | Participant ID |  |
| Chart Review Period | 6 mo  12 mo  18 mo  24 mo |
| Client Name |  |
| SCOUT 🡪 Clinical 🡪 Labs | Pregnancy During Review Period  HCG-Positive Lab Date | Yes No  \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_ |

**HIV/AIDS Diagnosis and Medical Care**

|  |  |  |
| --- | --- | --- |
| SCOUT 🡪 Profile 🡪 Demographics 🡪 Risk Factor | Perinatally Infected? | Yes No Unknown |
| SCOUT 🡪 Clinical 🡪 Diagnosis | HIV Diagnosis Date | \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_ |
| Diagnosed with AIDS?  If yes, Date: | Yes No Unknown  \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_ |
| SCOUT 🡪 Clinical 🡪 Verified Medical Care | LAST HIV primary care visit PRIOR to enrollment date: | \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_ |
| HIV primary care visits in last 6 months:  (Entered after lab in online form) | Visit 1: \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_  Visit 2: \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_  Visit 3: \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_  Visit 4: \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_ |

**CD4 Lab Info**

|  |  |  |  |
| --- | --- | --- | --- |
| SCOUT 🡪 Profile 🡪 Demographics 🡪 Ver. Medical Care **AND** Labs | CD4 prior to Enrollment | \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_  Value: \_\_\_\_\_\_\_  %: \_\_\_\_\_\_\_ | |
| CD4 in last 6 months | \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_  Value: \_\_\_\_\_\_\_  %: \_\_\_\_\_\_\_ | \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_  Value: \_\_\_\_\_\_\_  %: \_\_\_\_\_\_\_ |
| \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_  Value: \_\_\_\_\_\_\_  %: \_\_\_\_\_\_\_ | \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_  Value: \_\_\_\_\_\_\_  %: \_\_\_\_\_\_\_ |

**Viral Load Lab Info**

|  |  |  |
| --- | --- | --- |
| SCOUT 🡪 Profile 🡪 Demographics 🡪 Ver. Medical Care **AND** Labs | Viral Load prior to Enrollment | \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_  Virally Suppressed (<200 copies/mL)?  Yes No  Unknown  Viral Load Value Was:  Detectable Undetectable Quantity Not Suf.  Viral Load Count or Sensitivity: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Viral Load in last 6 months | \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_  Virally Suppressed (<200 copies/mL)?  Yes No  Unknown  Viral Load Value Was:  Detectable Undetectable Quantity Not Suf.  Viral Load Count or Sensitivity: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_  Virally Suppressed (<200 copies/mL)?  Yes No  Unknown  Viral Load Value Was:  Detectable Undetectable Quantity Not Suf.  Viral Load Count or Sensitivity: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_  Virally Suppressed (<200 copies/mL)?  Yes No  Unknown  Viral Load Value Was:  Detectable Undetectable Quantity Not Suf.  Viral Load Count or Sensitivity: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_  Virally Suppressed (<200 copies/mL)?  Yes No  Unknown  Viral Load Value Was:  Detectable Undetectable Quantity Not Suf.  Viral Load Count or Sensitivity: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**HIV Antiretroviral Therapy**

|  |  |  |
| --- | --- | --- |
| SCOUT 🡪 Clinical 🡪 Medications | Prescribed antiretroviral therapy in last 6 months | Yes No  Unknown  Date of Last Prescr. \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_ |

**Hepatitis C History**

|  |  |  |
| --- | --- | --- |
| SCOUT 🡪 Clinical 🡪 Labs | Screened for Hepatitis C?  If yes, date: | Yes No  Unknown  \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_ |
| If we get access to EMRs | History of Hepatitis C | Yes No  Unknown |
| Detectable Hepatitis C Viral Load, Ever | Yes No  Unknown |
| Ever been treated for Hepatitis C? | Yes No  Unknown |
| Did patient attain SVR 3+ months post-treatment | Yes No  Unknown |
| Did patient clear HCV infection spontaneously without treatment? | Yes No  Unknown |

**Mental Health:**

|  |  |  |
| --- | --- | --- |
| SCOUT 🡪 Service Management 🡪 Service Referrals  AND  Notes | Participant ever been diagnosed with mental health condition(s)? | Yes No  Tried but unable to obtain |
| If yes, what condition(s)? | Depressive Disorder  PTSD  Anxiety Disorder  Dissociative Disorder  Schizophrenia  Psychosis  Eating Disorder  Insomnia Disorders  Dementia/Cognitive  Other: |
| Diagnosed with MH condition in last 6 months? | Yes No  Tried but unable to obtain  If yes, use conditions listed above to indicate which one(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Referred for MH service in last 6 months? | Yes No  Tried but unable to obtain  If yes:  Internal (w/in agency)  External |

**Substance Use Disorders:**

|  |  |  |
| --- | --- | --- |
| SCOUT 🡪 Service Management 🡪 Service Referrals  **AND**  Notes | Participant ever been diagnosed with a substance use disorder? | Yes No  Tried but unable to obtain |
| If yes, what substances? | Alcohol  Tobacco  Cannabis  Amphetamines  Cocaine  Opioids  Prescription Drugs  Other: |
| Diagnosed with SUD in last 6 months? | Yes No  Tried but unable to obtain  If yes, use substances listed above to indicate which one(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Referred for SUD treatment service in last 6 months? (include residential treatment) | Yes No  Tried but unable to obtain  If yes:  Internal (w/in agency)  External |

**ER Visits and Hospitalizations**

|  |  |  |
| --- | --- | --- |
| If we get access to EMRs | ER Visits Prior to Enrollment (up to 12 months)? | Yes No  Tried but unable to obtain |
| ER Visits during last 6 months? | Yes No  Tried but unable to obtain |
| SCOUT 🡪 Service Management 🡪 Service Referrals | Hospitalizations Prior to Enrollment (up to 12 months)? | Yes No  Tried but unable to obtain  Dates: |
| Hospitalizations in last 6 months? | Yes No  Tried but unable to obtain  Dates: |
| EMR | Opportunistic Infections? | Yes No  Tried but unable to obtain |

**Finishing:**

**REDCap:**

**Other electronic source**: please describe: RW Database (SCOUT)

Drop-down for Complete

Save & Exit Form

**BU System:**

Mark chart review as complete with date completed