**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 PeriodHCG-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 [ ]  UnknownDate 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 ReferralsAND 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 obtainIf yes, use conditions listed above to indicate which one(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Referred for MH service in last 6 months? | [ ]  Yes [ ] No [ ]  Tried but unable to obtainIf 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 obtainIf 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 obtainIf 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 obtainDates:  |
| Hospitalizations in last 6 months? | [ ]  Yes [ ] No [ ]  Tried but unable to obtainDates: |
| 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