



HBV/HIV Baseline Evaluation

Patient ID ____ - ____ - ____

Date of Evaluation: ____ / ____ / ____

SECTION I: MEDICAL HISTORY

- 1. HIV Stage: 1 2 3 4 Unknown
- 2. Opportunistic infection: Yes No Unknown
If Yes, complete the Opportunistic Infections Log

SECTION II: PHYSICAL EXAM

- 1. Current grade of Lipodystrophy/Lipoatrophy: 0 1 2 3 Not done

SECTION III: HBV/HIV TREATMENT

- 1. Has patient ever received antiviral treatment for HBV or HIV? Yes No Unknown
If Yes, complete the HBV/HIV Antiviral Therapy Log (AH).

SECTION IV: SEROLOGIES

Instructions: Record the RNA result. If a test was not completed at the time of the evaluation, record the most recent prior to the evaluation.

- 1. HIV-1 RNA quant: _____ copies/mL Date of Sample: ____ / ____ / ____ Not Done
- 2. HCV RNA quant: _____ Date of Sample: ____ / ____ / ____ Not Done
Method/Unit: 1 IU/mL 2 copies/mL Lower limit of detection: _____

SECTION V: LABS

Instructions: Record the most recent result for each. If a lab was not completed at the time of the evaluation or within 3 months of the evaluation, check "Not done".

Fasting labs should be performed at baseline and annual visits: optimal is 12 hours, minimum of 8 hours

Date of sample (mm/dd/yy): ____ / ____ / ____		Date of sample (If <i>different</i> from above) mm/dd/yy	Not Done
a. CD4	_____ cells/mm ³	____ / ____ / ____	<input type="checkbox"/>
b. CD4%	_____ %	____ / ____ / ____	<input type="checkbox"/>
c. CD8	_____ cells/mm ³	____ / ____ / ____	<input type="checkbox"/>
d. CD8%	_____ %	____ / ____ / ____	<input type="checkbox"/>
e. Calcium	_____ mg/dL	____ / ____ / ____	<input type="checkbox"/>
f. Phosphate	_____ mg/dL	____ / ____ / ____	<input type="checkbox"/>
g. HbA1c	_____ %	____ / ____ / ____	<input type="checkbox"/>
h. Urine calcium	_____ mg/dL	____ / ____ / ____	<input type="checkbox"/>
i. Urine creatinine	_____ mg/dL	____ / ____ / ____	<input type="checkbox"/>
24 hour collection	_____ mg/24 hrs	____ / ____ / ____	<input type="checkbox"/>
j. Urine phosphate	_____ mg/dL	____ / ____ / ____	<input type="checkbox"/>
k. Urine albumin	_____ mg/dL	____ / ____ / ____	<input type="checkbox"/>
l. Urine protein <input type="checkbox"/> Neg <input type="checkbox"/> Trace <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+	_____ mg/dL	____ / ____ / ____	<input type="checkbox"/>
24 hour collection	_____ g/24 hrs	____ / ____ / ____	<input type="checkbox"/>
m. Urine glucose <input type="checkbox"/> Neg <input type="checkbox"/> Trace <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ <input type="checkbox"/> 3+ <input type="checkbox"/> 4+	_____ mg/dL	____ / ____ / ____	<input type="checkbox"/>

SECTION VI: BIOSPECIMENS

- 1. Was a serum sample obtained using a Bumble Bee top tube? Yes No

SECTION VII: FRAX (WHO Fracture Risk Assessment Tool) Scores

Without BMD (required) With BMD (if available)

- 1. Major osteoporotic: _____
- 2. Hip fracture: _____