

# ECHO PATIENT CHECKLIST

DATE: \_\_\_\_\_

NAME \_\_\_\_\_ CASE MANAGER \_\_\_\_\_

MR# \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ PROVIDER \_\_\_\_\_

BASELINE VIRAL LOAD \_\_\_\_\_ DATE \_\_\_\_\_

MOST RECENT VIRAL LOAD \_\_\_\_\_ DATE \_\_\_\_\_

ACUITY LEVEL:  BASIC  INTENSIVE  MODERATE  PRN

CONTACT FREQUENCY \_\_\_\_\_

NEXT APPT \_\_\_\_\_ # OF MISSED APPTS IN PAST 12 MONTHS \_\_\_\_\_

ART REGIMEN: \_\_\_\_\_

DATE OF LAST CONTACT \_\_\_\_\_

PHONE  FACE-TO-FACE  OTHER \_\_\_\_\_

BARRIERS TO CARE \_\_\_\_\_

BARRIERS TO ART ADHERENCE \_\_\_\_\_

ART DOSAGE REMINDERS:  PILL BOX  
 PHONE REMINDER  
 OTHER \_\_\_\_\_

INTERVENTIONS USED:  BEAD ADHERENCE TEACH BACK TOOL  
 MOTIVATIONAL INTERVIEWING  
 MONTHLY CONTACT WITH PATIENT  
 TEACHBACK TOOL (BOOK)  
 OTHER \_\_\_\_\_