

Alfred Sandringham Caulfield

Unit:.....

REFERRAL TO HIV COMPLEX METABOLIC CLINIC

UR:

Family Name

Given Names

Date of Birth

Gender: Male Female

- The HIV Complex Metabolic Clinic provides one off assessments of HIV + patients with difficult to manage cardiovascular risk factors. Patients will be seen by a specialist HIV Pharmacist and Dietitian, a General Medical Physician and a HIV Physician
- Receipt of all requested information will facilitate a smooth triage process

Patient Details

Given Name	Family Name/s
Address	Date of Birth
	Phone
Interpreter <input type="checkbox"/> Yes <input type="checkbox"/> No	Language

Health issues to be addressed

► **Important** - please tick the documents / results attached

<input type="checkbox"/> Total cholesterol	<input type="checkbox"/> Last BP and weight (include date taken)
<input type="checkbox"/> LDL	<input type="checkbox"/> HIV treatment history
<input type="checkbox"/> HDL	<input type="checkbox"/> Current medication list
<input type="checkbox"/> Triglycerides	<input type="checkbox"/> Last flu vaccination date
<input type="checkbox"/> Fast fasting glucose	<input type="checkbox"/> Last pneumococcal vaccination date
<input type="checkbox"/> FBE, FLT's & U+E's	
<input type="checkbox"/> HIV bloods; VL & CD4	

Medication changes may be applicable as an outcome of this assessment. You will be notified if medication changes are applied.

Referrer Details		Date of Referral	
Referrers Name		Address	
Telephone		Fax	
Pager/Mobile		Email	
Referrer Signature		Provider Number	

Send referral to: Fax 9076 6528 or email hdclinic@alfred.org.au

Phone queries: HIV Ambulatory Nurse – 9076 5274

