

NPEP Initial Consultation Form



1. DEMOGRAPHICS

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Name Code 1st 2 letters Surname 1st Name

Date of Birth _____

Gender Male Female Transgender

Country of Birth _____

Clinic record number _____

Postcode _____

2. EXPOSURE

Date of exposure _____

Sexual Exposure

Exposure			Condoms Y/N
Anal Sex	Receptive	Insertive	
Vaginal sex	Receptive	Insertive	
Oral sex	Receptive	Insertive	

Non-sexual Exposure, e.g. sharps (please detail)

3. SOURCE/PARTNER

Source gender	Male	Female	Transgender
Source HIV status	Unknown	HIV Positive*	

*If HIV Positive

HIV viral load	Undetectable	Detectable	Unknown
Current Anti-retroviral Medication	Yes (list)	No	Unknown

4. CRITERIA FOR NPEP PRESCRIPTION

In order for NPEP to be prescribed, yes must be circled to all NPEP criteria below

- Exposure within last 72 hours Yes No
- High risk exposure Yes No
- Baseline HIV test today Yes No
- NPEP information pack provided and contents discussed Yes No

If NPEP is prescribed outside of above criteria, please detail reason for this

5. NPEP PRESCRIPTION

Drug regimen Truvada Dolutegravir

Other _____

Number of days dispensed _____

Clinic _____

Clinician _____

Signature _____

Date of consult ____/____/____

****** This form acts as a prescription and must be faxed to the Victorian NPEP Service for reimbursement of drug costs or replacement medications to be dispensed to your clinic ******

Fax: 9076 6093