

## SC RW Medical Case Management Mid-year Review

Client Name: \_\_\_\_\_ Client ID or SSN: \_\_\_\_\_

**ALL changes are to be made in PE immediately**

### CONTACT INFORMATION UPDATE

Has your address, household, or living arrangements changed?	<b>YES</b>	<b>NO</b>
Notes:		
Has your phone number changed?	<b>YES</b>	<b>NO</b>

### CONTACT INFORMATION UPDATE

Has your income changed?	<b>YES</b>	<b>NO</b>
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### CLINICAL UPDATE

Has your primary care provider changed?	<b>YES</b>	<b>NO</b>
Has your ID provider changed?	<b>YES</b>	<b>NO</b>
Has your insurance (Private, Medicare, Medicaid) changed? If yes, request or obtain copies of new information.	<b>YES</b>	<b>NO</b>
<i>For MCM use:</i> Has a Medical Encounter form been updated and completed today?	<b>YES</b>	<b>NO</b>
<i>For MCM Use:</i> Clinical Summary printed and attached to Mid-year review?	<b>YES</b>	<b>NO</b>

### HIV KNOWLEDGE SCREENING

Tell me what you know about CD4/viral load tests.

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CD4 \_\_\_\_\_ VL \_\_\_\_\_ Date of Labs \_\_\_\_\_

What is the importance of going to the doctor regularly?

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Tell me what you know about how to avoid transmission of HIV to others.

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Tell me what you know about how to avoid re-infection of HIV.

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Describe the client's overall understanding of HIV.

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Action Plan Reviewed today?	<b>Yes</b>	<b>No</b>
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**I certify that all of the above information has been entered in PE.**

Medical Case Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Next Review Due: \_\_\_\_\_