

# Medical Appointments for People Living with HIV (PLWH): Checklist

*Please complete this checklist during client interview.*

*The checklist contains sensitive and confidential information and **should not be given to the client**. It is meant for use by the Provider only to facilitate HIV treatment and other essential health and support services.*

*Give the client a copy of the [Medical Appointments Referral Form](#). Make sure that all key information is included on the referral form and that the client knows how to use and access the referrals.*

*Refer to this checklist during the next scheduled client meeting to assess progress and determine next steps.*

**Note:** For other non-medical service needs & concerns not related to **the first medical appointment**, please refer to the [Client Concerns for People Living with HIV \(PLWH\): Guidelines and Checklist](#).

## Sections

<a href="#">Making an Appointment</a> .....	3
<a href="#">Preparing for the Appointment</a> .....	4
<a href="#">Getting to the Appointment</a> .....	5
<a href="#">Notes</a> .....	5
<a href="#">Other Needs</a> .....	5

# Medical Appointments for People Living with HIV (PLWH): Checklist

Client ID#: \_\_\_\_\_ Date: \_\_\_\_\_ Agency: \_\_\_\_\_  
Staff Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_ Newly diagnosed PLWH (Date \_\_\_/\_\_\_/\_\_\_)  
\_\_\_\_\_ Previously diagnosed PLWH (Date/Time-frame \_\_\_/\_\_\_/\_\_\_)

## **LANGUAGE NEEDS**

\_\_\_\_\_ Check if client's preferred language is English

\_\_\_\_\_ Check if translation services are needed

Preferred Language: \_\_\_\_\_

## **Check appropriate box**

Internal translation services used

External translation services accessed

Translation service company: \_\_\_\_\_ Telephone \_\_\_\_\_

Client-designated (and HIPAA cleared) family or friend

## **HIPAA**

\_\_\_\_\_ Check if HIPAA discussed with client

\_\_\_\_\_ Check if HIPAA forms completed

## **HIV Medical Care Options:**

Facility Type (check one): \_\_\_\_\_ Hospital \_\_\_\_\_ Health Center \_\_\_\_\_ Federally Qualified Health Center  
\_\_\_\_\_ Community-based Clinic \_\_\_\_\_ Private Provider

# Medical Appointments for People Living with HIV (PLWH): Checklist

## ***Making an Appointment***

<b>Appointment Information</b>	<b>Appointment Support</b>	<b>Reminder Messages</b>
<p>Name of Institution: -----</p> <p>Provider Name: -----</p> <p>Address: -----</p> <hr/> <p>Phone #: -----</p> <p>Website: -----</p> <p>Appointment Date: ____/____/____</p> <p>Preferred Appointment Days: -----</p> <p>Preferred Appointment Times: -----</p>	<p>Accompany to appointment</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Linkage Coordinator</li> <li><input type="checkbox"/> Peer</li> <li><input type="checkbox"/> Family member/friend</li> <li><input type="checkbox"/> N/A</li> </ul> <p>Name: -----</p> <p>Phone #: -----</p> <p>Email: -----</p>	<p><input type="checkbox"/> Check if sending reminder messages</p> <p>Preference:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Call</li> <li><input type="checkbox"/> Text</li> <li><input type="checkbox"/> Email</li> </ul> <p>Phone #: -----</p> <p>Email: -----</p>

# Medical Appointments for People Living with HIV (PLWH): Checklist

<b>Preparing for the Appointment</b>			
<b>What to Expect?</b>	<b>Questions to Ask Your Provider</b>	<b>What to Bring to the Appointment? (Check all that apply)</b>	<b>Other Services Needed (Check all that apply)</b>
Resources/Websites: 1. _____ 2. _____ 3. _____  <b>Notes:</b> _____ _____ _____ _____ _____ _____ _____ _____	<ul style="list-style-type: none"> <li>• _____</li> <li>• _____</li> <li>• _____</li> <li>• _____</li> <li>• _____</li> <li>• _____</li> <li>• _____</li> <li>• _____</li> </ul>	<input type="checkbox"/> ID <input type="checkbox"/> Insurance card <input type="checkbox"/> Payment method: cash, check, debit/credit card <input type="checkbox"/> Referral <input type="checkbox"/> Questions for provider <input type="checkbox"/> HIV Test Results	<input type="checkbox"/> Assistance obtaining ID or other documentation <input type="checkbox"/> Help completing intake forms <input type="checkbox"/> Translation services Language preference: _____ Service/Agency Contact: _____ Phone #: _____ Email: _____ <input type="checkbox"/> Childcare Agency or Person: _____ Phone#: _____

# Medical Appointments for People Living with HIV (PLWH): Checklist

			Email: _____
--	--	--	--------------

## ***Getting to the Appointment***

- Client has transportation to the appointment
  - Agency bus/transportation service: \_\_\_\_\_
  - Available bus/train passes (given to client)
  - Public transportation options: \_\_\_\_\_
- Other:** \_\_\_\_\_

## ***Notes***

***Refer to Client Concerns for PLWH: Guidelines and Checklist for suggestions on how to address additional client concerns.***

**Next Client Meeting Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

- Provided client with medical appointment referral(s)
- Provided client with appointment preparation checklist
- Provided client with relevant health information resources

**A sample [Medical Appointments Referral Form](#) can be accessed here.**