



PRIMARY CARE SERVICE ENCOUNTER

* CLIENT: _____
 * LAST NAME * FIRST NAME Middle

ENCOUNTER INFORMATION * ACTUAL DATE: ____ / ____ / ____
 MONTH DAY YEAR

* PROGRAM: _____ Contract #: _____ SERVICE CATEGORY: 0002 PRIMARY CARE

Model: _____ Intervention: _____ START TIME: ____ : ____ AM / PM END TIME: ____ : ____ AM / PM

* ENCOUNTER: _____ * SERVICE(S) / ACTIVITIES PROVIDED ~ CHECK ALL THAT APPLY:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> 34 CLINICAL TRIAL FOLLOW-UP

<input type="checkbox"/> 35 CLINICAL VISIT (GENERAL CLINIC RATE)

<input type="checkbox"/> 243 INITIAL VISIT (GENERAL)

<input type="checkbox"/> 244 INTERIM VISIT (GENERAL) | <input type="checkbox"/> 6 AFB CULTURE
<input type="checkbox"/> 1202 ANAL PAP SMEAR
<input type="checkbox"/> 36 ASSESSMENT OF MENTAL HEALTH AND SOCIAL NEEDS
<input type="checkbox"/> 909 BASIC PATIENT EDUCATION / COUNSELING
<input type="checkbox"/> 912 BUPRENORPHINE ADMINISTRATION
<input type="checkbox"/> 913 BUPRENORPHINE EDUCATION
<input type="checkbox"/> 65 CBC / DIFFERENTIAL
<input type="checkbox"/> 82 CHEMISTRY PANEL
<input type="checkbox"/> 83 CHEST X-RAY
<input type="checkbox"/> 92 CHLAMYDIA SCREEN
<input type="checkbox"/> 93 CHOLESTEROL TEST
<input type="checkbox"/> 114 CLINICAL TRIAL FOLLOW-UP
<input type="checkbox"/> 127 COMPREHENSIVE MEDICAL HISTORY
<input type="checkbox"/> 189 DISCUSSION OF PARTNER NOTIFICATION
<input type="checkbox"/> 986 DOMESTIC VIOLENCE SCREENING
<input type="checkbox"/> 257 FAMILY PLANNING
<input type="checkbox"/> 309 GONOCOCCAL CULTURE
<input type="checkbox"/> 326 GROUP TREATMENT EDUCATION
<input type="checkbox"/> 356 HEPATITIS B VACCINE ADMINISTERED
<input type="checkbox"/> 358 HEPATITIS PANEL
<input type="checkbox"/> 334 HIV TRANSMISSION PREVENTION EDUCATION / COUNSELING | <input type="checkbox"/> 425 INFORMATION ON PARTNER NOTIFICATION
<input type="checkbox"/> 442 INTERIM MEDICAL HISTORY
<input type="checkbox"/> 453 LAB TEST: CD4
<input type="checkbox"/> 451 LAB TEST: RPR / SYPH SEROLOGY
<input type="checkbox"/> 454 LAB TEST: VIRAL LOAD
<input type="checkbox"/> 1029 LIPID SCREENING
<input type="checkbox"/> 1030 MAC PROPHYLAXIS
<input type="checkbox"/> 1033 NALOXONE
<input type="checkbox"/> 544 NUTRITION ASSESSMENT
<input type="checkbox"/> 1037 PCP PROPHYLAXIS
<input type="checkbox"/> 598 PCR TESTING
<input type="checkbox"/> 611 PEDIATRIC DEVELOPMENTAL ASSESSMENT
<input type="checkbox"/> 620 PELVIC EXAM WITH GONOCOCCAL CULTURE
<input type="checkbox"/> 622 PELVIC EXAM WITH PAP SMEAR
<input type="checkbox"/> 635 PHYSICAL EXAMINATION
<input type="checkbox"/> 1040 PNEUMOCOCCAL VACCINATION
<input type="checkbox"/> 678 PREGNANCY TEST
<input type="checkbox"/> 698 PSYCHOSOCIAL ASSESSMENT
<input type="checkbox"/> 1058 REFERRAL FOR HIV-RELATED MEDICAL CARE
<input type="checkbox"/> 736 ROUTINE FOLLOW-UP / TREATMENT
<input type="checkbox"/> 751 SCREENING FOR STI OTHER THAN HIV OR SYPHILIS – BLOOD TEST | <input type="checkbox"/> 1098 SCREENING FOR STI OTHER THAN HIV OR SYPHILIS – URINE
<input type="checkbox"/> 757 SCREENING / TESTING FOR HEPATITIS B
<input type="checkbox"/> 759 SCREENING / TESTING FOR HEPATITIS C
<input type="checkbox"/> 761 SCREENING / TESTING FOR SYPHILIS BLOOD TEST
<input type="checkbox"/> 738 STD EVALUATION
<input type="checkbox"/> 798 SUBSTANCE USE ASSESSMENT
<input type="checkbox"/> 814 TB PROPHYLAXIS
<input type="checkbox"/> 452 TB SCREEN (PPD / ANERGY)
<input type="checkbox"/> 1205 TB SCREEN (QUANTIFERON)
<input type="checkbox"/> 816 TB TREATMENT
<input type="checkbox"/> 821 TOBACCO USE ASSESSMENT
<input type="checkbox"/> 832 TREATMENT ADHERENCE MONITORING
<input type="checkbox"/> 836 TREATMENT EDUCATION
<input type="checkbox"/> 844 TREATMENT FOR HEPATITIS C
<input type="checkbox"/> 846 TREATMENT FOR SYPHILIS
<input type="checkbox"/> 847 TREATMENT OF STI OTHER THAN HIV OR SYPHILIS
<input type="checkbox"/> 849 TRIGLYCERIDES TEST
<input type="checkbox"/> 851 URINALYSIS
<input type="checkbox"/> 855 VACCINATION / IMMUNIZATION
<input type="checkbox"/> 879 WELL CHILD / PRIMARY CARE
<input type="checkbox"/> 1141 WELLNESS SCREENING |
| <input type="checkbox"/> 89 HEPATITIS SCREENING, TESTING, TREATMENT | <input type="checkbox"/> 189 DISCUSSION OF PARTNER NOTIFICATION
<input type="checkbox"/> 1160 HCV VIRAL LOAD
<input type="checkbox"/> 1199 HCV VIRAL LOAD (DIAGNOSTIC)
<input type="checkbox"/> 354 HEPATITIS A VACCINE ADMINISTERED
<input type="checkbox"/> 355 HEPATITIS A VACCINE OFFERED BUT CLIENT REFUSED
<input type="checkbox"/> 356 HEPATITIS B VACCINE ADMINISTERED
<input type="checkbox"/> 357 HEPATITIS B VACCINE OFFERED BUT CLIENT REFUSED
<input type="checkbox"/> 425 INFORMATION ON PARTNER NOTIFICATION | <input type="checkbox"/> 683 PREVIOUSLY TESTED, REPEAT TEST NOT INDICATED
<input type="checkbox"/> 714 REFERRED FOR HIV SCREENING / TESTING
<input type="checkbox"/> 715 REFERRED FOR HIV TREATMENT
<input type="checkbox"/> 755 SCREENING / TESTING FOR HEPATITIS A
<input type="checkbox"/> 756 SCREENING / TESTING FOR HEPATITIS A OFFERED BUT REFUSED
<input type="checkbox"/> 757 SCREENING / TESTING FOR HEPATITIS B
<input type="checkbox"/> 758 SCREENING / TESTING FOR HEPATITIS B OFFERED BUT REFUSED | <input type="checkbox"/> 759 SCREENING / TESTING FOR HEPATITIS C
<input type="checkbox"/> 760 SCREENING / TESTING FOR HEPATITIS C OFFERED BUT REFUSED
<input type="checkbox"/> 754 SCREENING / TESTING FOR HIV OFFERED BUT REFUSED
<input type="checkbox"/> 844 TREATMENT FOR HEPATITIS C
<input type="checkbox"/> 845 TREATMENT FOR HEPATITIS C OFFERED BUT CLIENT REFUSED
<input type="checkbox"/> 843 TREATMENT FOR HIV OFFERED BUT CLIENT REFUSED
<input type="checkbox"/> 1141 WELLNESS SCREENING |
| <input type="checkbox"/> 288 HEPATITIS C TREATMENT MONITORING | <input type="checkbox"/> 1171 ALPHA FETOPROTEIN (AFP)
<input type="checkbox"/> 1168 BIRUBIN / URIC ACID
<input type="checkbox"/> 65 CBC / DIFFERENTIAL
<input type="checkbox"/> 1189 DEPRESSION SCREENING
<input type="checkbox"/> 189 DISCUSSION OF PARTNER NOTIFICATION
<input type="checkbox"/> 1178 GLUCOSE
<input type="checkbox"/> 1160 HCV VIRAL LOAD
<input type="checkbox"/> 1179 HEMOGLOBIN
<input type="checkbox"/> 354 HEPATITIS A VACCINE ADMINISTERED
<input type="checkbox"/> 355 HEPATITIS A VACCINE OFFERED BUT CLIENT REFUSED
<input type="checkbox"/> 356 HEPATITIS B VACCINE ADMINISTERED | <input type="checkbox"/> 357 HEPATITIS B VACCINE OFFERED BUT CLIENT REFUSED
<input type="checkbox"/> 425 INFORMATION ON PARTNER NOTIFICATION
<input type="checkbox"/> 442 INTERIM MEDICAL HISTORY
<input type="checkbox"/> 1175 LIMITED PHYSICAL EXAM
<input type="checkbox"/> 1167 LIVER PANEL (ALT / AST)
<input type="checkbox"/> 1176 MEDICATION ADMINISTERED (I.E., WEEKLY INJECTION OF PEGYLATED INTERFERON)
<input type="checkbox"/> 1181 NEUTROPHIL COUNT
<input type="checkbox"/> 544 NUTRITION ASSESSMENT
<input type="checkbox"/> 1188 OCULAR EXAMS
<input type="checkbox"/> 1164 PLATELETS | <input type="checkbox"/> 678 PREGNANCY TEST
<input type="checkbox"/> 1184 PT / INR
<input type="checkbox"/> 1051 RAPID HIV TEST
<input type="checkbox"/> 757 SCREENING / TESTING FOR HEPATITIS B
<input type="checkbox"/> 758 SCREENING / TESTING FOR HEPATITIS B OFFERED BUT REFUSED
<input type="checkbox"/> 1171 SIDE-EFFECT MONITORING
<input type="checkbox"/> 1140 STANDARD HIV TEST
<input type="checkbox"/> 739 STI / STD SCREEN
<input type="checkbox"/> 815 TB SKIN TEST (PPD) INDICATED
<input type="checkbox"/> 1169 THYROID STIMULATING HORMONE (TSH)
<input type="checkbox"/> 1180 WBC (WHITE BLOOD CELL COUNT) |



PRIMARY CARE SERVICE ENCOUNTER

* CLIENT:			
* LAST NAME _____		* FIRST NAME _____	
		<i>Middle</i> _____	
* ENCOUNTER:			
* SERVICE(S) / ACTIVITIES PROVIDED ~ CHECK ALL THAT APPLY:			
<input type="checkbox"/> 287 INITIAL HEPATITIS C MEDICAL EVALUATION AND TREATMENT EVALUATION	<input type="checkbox"/> 1171 ALPHA FETOPROTEIN (AFP) <input type="checkbox"/> 36 ASSESSMENT OF MENTAL HEALTH AND SOCIAL NEEDS <input type="checkbox"/> 1168 BIRUBIN / URIC ACID <input type="checkbox"/> 65 CBC / DIFFERENTIAL <input type="checkbox"/> 127 COMPREHENSIVE MEDICAL HISTORY <input type="checkbox"/> 1166 CREATINE / BUN <input type="checkbox"/> 1189 DEPRESSION SCREENING <input type="checkbox"/> 189 DISCUSSION OF PARTNER NOTIFICATION <input type="checkbox"/> 1178 GLUCOSE <input type="checkbox"/> 1170 HbA1C <input type="checkbox"/> 1161 HCV GENOTYPE <input type="checkbox"/> 1199 HCV VIRAL LOAD (DIAGNOSTIC) <input type="checkbox"/> 354 HEPATITIS A VACCINE ADMINISTERED	<input type="checkbox"/> 355 HEPATITIS A VACCINE OFFERED BUT CLIENT REFUSED <input type="checkbox"/> 356 HEPATITIS B VACCINE ADMINISTERED <input type="checkbox"/> 357 HEPATITIS B VACCINE OFFERED BUT CLIENT REFUSED <input type="checkbox"/> 425 INFORMATION ON PARTNER NOTIFICATION <input type="checkbox"/> 1159 INFORMATION REGARDING PREVENTION OF THE TRANSMISSION OF HIV INFECTION <input type="checkbox"/> 1173 LIVER BIOPSY <input type="checkbox"/> 1167 LIVER PANEL (ALT / AST) <input type="checkbox"/> 1163 NEUTROPHIL COUNT <input type="checkbox"/> 544 NUTRITION ASSESSMENT <input type="checkbox"/> 635 PHYSICAL EXAMINATION <input type="checkbox"/> 1164 PLATELETS	<input type="checkbox"/> 678 PREGNANCY TEST <input type="checkbox"/> 1165 PT / INR <input type="checkbox"/> 1051 RAPID HIV TEST <input type="checkbox"/> 755 SCREENING / TESTING FOR HEPATITIS A <input type="checkbox"/> 756 SCREENING / TESTING FOR HEPATITIS A OFFERED BUT REFUSED <input type="checkbox"/> 757 SCREENING / TESTING FOR HEPATITIS B <input type="checkbox"/> 758 SCREENING / TESTING FOR HEPATITIS B OFFERED BUT REFUSED <input type="checkbox"/> 1140 STANDARD HIV TEST <input type="checkbox"/> 739 STI / STD SCREEN <input type="checkbox"/> 798 SUBSTANCE USE ASSESSMENT <input type="checkbox"/> 1169 THYROID STIMULATING HORMONE (TSH) <input type="checkbox"/> 1174 ULTRASOUND (LIVER)
<input type="checkbox"/> 164 ROUTINE GYN VISIT	<input type="checkbox"/> 1202 ANAL PAP SMEAR <input type="checkbox"/> 116 COLPOSCOPY <input type="checkbox"/> 117 COLPOSCOPY WITH BIOPSY <input type="checkbox"/> 132 CONIZATION <input type="checkbox"/> 189 DISCUSSION OF PARTNER NOTIFICATION <input type="checkbox"/> 235 ENDOMETRIAL BIOPSY <input type="checkbox"/> 257 FAMILY PLANNING <input type="checkbox"/> 299 GENERAL <input type="checkbox"/> 356 HEPATITIS B VACCINE ADMINISTERED <input type="checkbox"/> 425 INFORMATION ON PARTNER NOTIFICATION <input type="checkbox"/> 456 LASER	<input type="checkbox"/> 450 LEEP <input type="checkbox"/> 620 PELVIC EXAM WITH GONOCOCCAL CULTURE <input type="checkbox"/> 622 PELVIC EXAM WITH PAP SMEAR <input type="checkbox"/> 655 POST-OP FOLLOW-UP <input type="checkbox"/> 678 PREGNANCY TEST <input type="checkbox"/> 679 PRENATAL CARE <input type="checkbox"/> 1058 REFERRAL FOR HIV-RELATED MEDICAL CARE <input type="checkbox"/> 751 SCREENING FOR STI OTHER THAN HIV OR SYPHILIS – BLOOD TEST <input type="checkbox"/> 1098 SCREENING FOR STI OTHER THAN HIV OR SYPHILIS – URINE <input type="checkbox"/> 757 SCREENING / TESTING FOR HEPATITIS B	<input type="checkbox"/> 759 SCREENING / TESTING FOR HEPATITIS C <input type="checkbox"/> 761 SCREENING / TESTING FOR SYPHILIS BLOOD TEST <input type="checkbox"/> 740 STD TREATMENT <input type="checkbox"/> 739 STI / STD SCREEN <input type="checkbox"/> 798 SUBSTANCE USE ASSESSMENT <input type="checkbox"/> 821 TOBACCO USE ASSESSMENT <input type="checkbox"/> 846 TREATMENT FOR SYPHILIS <input type="checkbox"/> 847 TREATMENT OF STI OTHER THAN HIV OR SYPHILIS <input type="checkbox"/> 856 VAGINAL BIOPSY <input type="checkbox"/> 1141 WELLNESS SCREENING
<input type="checkbox"/> 188 TB SERVICES	<input type="checkbox"/> 23 ADVOCACY <input type="checkbox"/> 42 ASSISTANCE WITH ACTIVITIES OF DAILY LIVING <input type="checkbox"/> 72 CASE CLOSURE / DISCHARGE <input type="checkbox"/> 137 CRISIS INTERVENTION <input type="checkbox"/> 189 DISCUSSION OF PARTNER NOTIFICATION <input type="checkbox"/> 141 DOPT VISIT <input type="checkbox"/> 142 DOT VISIT <input type="checkbox"/> 238 ESCORT <input type="checkbox"/> 267 FOLLOW-UP MISSED DOPT VISIT	<input type="checkbox"/> 268 FOLLOW-UP MISSED DOT VISIT <input type="checkbox"/> 356 HEPATITIS B VACCINE ADMINISTERED <input type="checkbox"/> 366 HOME VISIT <input type="checkbox"/> 369 HOSPITAL VISIT <input type="checkbox"/> 425 INFORMATION ON PARTNER NOTIFICATION <input type="checkbox"/> 439 INTAKE / ASSESSMENT <input type="checkbox"/> 499 LIVING SKILLS TRAINING <input type="checkbox"/> 583 OTHER FOLLOW-UP <input type="checkbox"/> 702 REASSESSMENT	<input type="checkbox"/> 705 REFERRAL <input type="checkbox"/> 757 SCREENING / TESTING FOR HEPATITIS B <input type="checkbox"/> 759 SCREENING / TESTING FOR HEPATITIS C <input type="checkbox"/> 772 SERVICE PLAN DEVELOPMENT / UPDATE <input type="checkbox"/> 773 SERVICE PLAN IMPLEMENTATION / MONITORING / FOLLOW-UP <input type="checkbox"/> 808 SUPPORT GROUP <input type="checkbox"/> 832 TREATMENT ADHERENCE MONITORING <input type="checkbox"/> 1141 WELLNESS SCREENING
<i>Location: 01 Radiology Department 02 Laboratory 03 Hospital Based Visit 04 Home Based Visit 06 Mental Health Clinic 07 On-Site 08 Other Site, This Agency 99 Other</i>			
Outcome:			
01 Service Need Still Pending, Requires Follow-Up 02 Service Need Resolved 03 Issue Unresolved, Requires Follow-Up 04 Issue Resolved, No Follow-Up 05 Unknown 06 Pending 07 Active Substance Use 08 In Substance Use Recovery 09 Application Completed / No Benefits 10 Application Sent 11 Benefits In Place 12 Check Mailed To 3 rd Party 13 Check Mailed To Client 14 Check / Payment To 3 rd Party	15 Check / Payment To Client 16 Check / Payment To Family / Care Partner 17 Check / Payment To Volunteer 18 Client Reported As Deceased 19 Confirmed Appointment 20 Contact Has Not Seen Client 21 Counseling Completed 22 Follow-Up Required 23 Follow-Up Completed 24 Incentive Given 25 Information Given 27 Left Message On Machine 28 Left Message With Person 29 Letter Returned Undelivered	30 Missed Call Back 31 Negotiated Payment 32 No Application / No Benefits 33 No Phone / Disconnected 34 No Show 35 Phone Number Changed / Unlisted 36 Replaced ID 37 Sent M11Q To DAS 38 Start Benefits 39 Successful Contact 40 Telephone Busy 41 Telephoned - No Answer 42 Unsuccessful Contact	
<i>Location: 01 Radiology Department 02 Laboratory 03 Hospital Based Visit 04 Home Based Visit 06 Mental Health Clinic 07 On-Site 08 Other Site, This Agency 99 Other</i>			
Staff: _____		# Of Items / People: _____	
Value Description:	234 Direct Agency Transport (Car / Van) 235 Gasoline Card Distributed 249 Provision Of Cab Fare 250 Provision Of Bus Fare	259 Subcontracted Transport (Car / Van) 276 Provision Of Metro Card / Public Transit Fare 999 Confirm 0 % Adherence	Value: _____



PRIMARY CARE SERVICE ENCOUNTER

* CLIENT: _____
 * LAST NAME _____ * FIRST NAME _____ Middle _____

* STAFF: _____
 Team: _____ Date Completed: ____/____/____
 Month Day Year

* SITE: _____

PEMS RELATED INFO			NEXT SCHEDULED APPOINTMENT		
Session Number:	<input type="checkbox"/> Incentive Provided		Date:	____/____/____	
Unit of Delivery:	01 Individual	03 Small Group	05 Community	Location:	01 Radiology Department
	02 Couple	04 Large Group			06 Mental Health Clinic
					07 On-Site
					03 Hospital Based Visit
					08 Other Site, This Agency
					04 Home Based Visit
					99 Other

Please Complete The AIRS Referral Tracking Form

Involved Agency: _____ Involved Agency 2: _____

DIAGNOSIS(ES) TREATED - PRIMARY & SECONDARY

Please Circle The Diagnosis(es) - Please Indicate if Primary Diagnosis By Placing The Number '01' After the Diagnosis
 Please Indicate if Secondary Diagnosis By Placing The Number '02' After the Diagnosis

- | | | |
|---|--|---|
| 01 PNEUMOCYSTIS CARINII PNEUMONIA | 39 HIV NEUROPATHY | 80 NIGHT SWEATS |
| 02 KAPOSI'S SARCOMA | 40 ENDOCARDITIS | 81 NON-DISSEMINATED TB |
| 03 HIV WASTING SYNDROME | 41 PNEUMONIA, ORGANISM UNSPECIFIED | 82 CHRONIC SINUSITIS |
| 04 CANDIDA ESOPHAGITIS | 42 PNEUMOCOCCAL PNEUMONIA | 84 THROMBOCYTOPENIA |
| 05 PULMONARY TB | 43 INFECTIONS OF KIDNEY | 85 THROMBOSIS |
| 06 CRYPTOCOCCOSIS EXTRA PULMONARY | 44 PELVIC INFLAMMATORY DISEASE | 87 REITER'S SYNDROME |
| 07 TOXOPLASMOSIS | 45 PYREXIA OF UNKNOWN ORIGIN (FEVER) | 100 MENTAL HEALTH DIAGNOSIS |
| 08 MYCOBACTERIUM AVIUM INTRACELLULAR | 46 MALAISE & FATIGUE | 500 AXIS 1 - CLINICAL DISORDERS |
| 09 HIV ENCEPHALOPATHY | 47 ENLARGEMENT OF LYMPH GLANDS | 960 HBV WITH HEPATIC COMA |
| 10 M. TUBERCULOSIS (EXTRA PULMONARY) | 48 LYMPHADENOPATHY | 961 HBV WITHOUT HEPATIC COMA |
| 11 CYTOMEGALOVIRUS DISEASE | 49 CACHEXIA (WASTING DISEASE) | 962 DIABETES |
| 12 CYTOMEGALOVIRUS RETINITIS | 50 LYMPHOCYTIC INTERSTITIAL PNEUMONITIS | 963 MAJOR DEPRESSIVE DISORDER SINGLE EPISODE |
| 13 LYMPHOMAS | 51 BACTERIAL INFECTIONS | 964 SCHIZOPHRENIC DISORDERS |
| 14 HERPES SIMPLEX VIRUS | 52 CYTOMEGALOVIRUS (DISSEMINATED) | 965 EPISODIC MOOD DISORDERS |
| 15 CRYPTOSPORIDIOSIS | 54 TOXOPLASMOSIS OF THE BRAIN | 966 DELUSIONAL DISORDERS |
| 16 MYCOBACTERIUM, OTHER | 55 OTITIS MEDIA | 967 OTHER NONORGANIC PSYCHOSES |
| 17 RECURRENT PNEUMONIA OF AN UNSPECIFIED ORIGIN | 56 CARDIOMYOPATHY | 968 ANXIETY, DISSOCIATIVE AND SOMATOFORM DISORDERS |
| 18 PROGRESSIVE MULTI FOCAL LEUKOENCEPHALOPATHY | 57 ASTHMA | 969 PERSONALITY DISORDERS |
| 19 SALMONELLA SEPTICEMIA | 58 INFECTIONS OF SKIN & SUBCUTANEOUS TISSUE | 970 SUBSTANCE USE DISORDER |
| 20 CANDIDIASIS LUNG | 59 OTHER CELLULITIS & ABSCESS | 971 ACUTE GLOMERULONEPHRITIS |
| 21 HISTOPLASMOSIS | 60 OTHER INFLAMMATORY CONDITIONS OF SKIN & SUBCUTANEOUS TISSUE | 972 NEPHROTIC SYNDROME |
| 22 ISOSPORIASIS | 61 ANOREXIA NERVOSA | 973 CHRONIC GLOMERULONEPHRITIS |
| 23 INVASIVE CERVICAL CANCER | 62 BULIMIA | 974 NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC |
| 24 COCCIDIOIDOMYCOSIS | 63 WEIGHT LOSS | 975 ACUTE KIDNEY FAILURE |
| 25 MYCOBACTERIUM TUBERCULOSIS | 64 AIDS DEMENTIA | 976 CHRONIC KIDNEY DISEASE (CKD) |
| 26 HERPES ZOSTER | 65 PEDIATRIC AIDS | 977 RENAL FAILURE UNSPECIFIED |
| 27 VIRAL HEPATITIS | 66 FAILURE TO THRIVE | 978 RENAL SCLEROSIS UNSPECIFIED |
| 28 HEPATITIS, UNSPECIFIED | 67 AIDS | 979 DISORDERS RESULTING FROM IMPAIRED RENAL FUNCTION |
| 29 CHLAMYDIA | 68 HIV INFECTION | 980 IRON DEFICIENCY ANEMIA |
| 30 SYPHILIS | 69 ANAL NEOPLASIA, UNCERTAIN BEHAVIOR | 981 ALCOHOL ABUSE |
| 31 CANDIDIASIS OF MOUTH (THRUSH) | 70 CHRONIC DIARRHEA | 982 ESOPHAGEAL VARICES IN DISEASES CLASSIFIED WITH BLEEDING |
| 31A CANDIDIASIS OF VULVA & VAGINA | 71 DISSEMINATED TB | 983 ESOPHAGEAL VARICES IN DISEASES CLASSIFIED WITHOUT BLEEDING |
| 32 CRYPTOCOCCOSIS | 72 ESOPHAGITIS | 984 LEUKEMIA |
| 33 MALIGNANT NEOPLASM OF CERVIX UTERI (Cervical Cancer) | 73 GRANULOCYTOPENIA | 985 NEUTROPENIA |
| 34 ANEMIA | 74 HAIRY LEUKOPLAKIA | 986 TOBACCO DEPENDENCE |
| 35 PURPURA & OTHER HEMORRHAGIC CONDITIONS | 75 HIV NEPHROPATHY | 987 HEPATOCELLULAR CARCINOMA |
| 36 BACTERIAL MENINGITIS | 76 HIV MYOPATHY | 988 MAJOR DEPRESSIVE DISORDER RECURRENT EPISODE |
| 37 ENCEPHALOPATHY, UNSPECIFIED | 77 HUMAN PAPILLOMA VIRUS | |
| 38 INFLAMMATORY & TOXIC NEUROPATHY | 78 IMMUNO DEFICIENCY WITH T-CELL DEFICIT | |
| | 79 LYMPHOCYTE DEPLETION | |

Billing Physician: _____

Please Complete The AIRS Collaterals Information Form

- | | | | |
|--|----------------------------------|--------------------------------------|--------------------------------------|
| Problems Identified:
(Please Circle All That Apply) | Academic Issues | Financial / Entitlements | Partner Testing |
| | Advocacy | Food / Nutrition | Pregnancy Issues |
| | Affected By HIV | General Supportive Service Needs | Prisoner Or Recent / Pending Release |
| | Alcohol Use | Health | Prostitution (Past Or Current) |
| | Anxiety | Hepatitis Exposure | Relationship Issues |
| | Child Care | Housing | Risk Reduction / Risk Behaviors |
| | Clothing | Legal - Criminal Justice | Self-Harm (Past Or Current) |
| | Dental | Legal - Discrimination | Sexual Abuse |
| | Depression | Legal - Guardianship / Custody | Sexually Transmitted Infection (STI) |
| | Domestic Violence | Legal - Immigration / Naturalization | Specialty Medical Care |
| Eating Disorder | Legal - Wills / Proxy | Substance Use | |
| Education | Medical | Suicidal Thoughts (Past Or Current) | |
| Employment | Medication / Treatment Adherence | TB | |
| Family Issues | Mental Health / Psycho-Social | Transportation | |

Progress Note: _____