DALLAS MARKET CENTER HCC

2600 N STEMMONS FWY STE 141 SUITE DWC Dallas, TX 75207 (469) 828-5959 Fax: (214) 905-7577



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CLIENT INFORMATION:

Patient Name: JAMIE STEVENS Date of Birth: 06/09/1998 Address: 4207 LIVE OAK ST 2302

DALLAS, TX SSN: 634-62-1534

Home: (817) 989-0229 Office: (817) 987-7846

75204

TRANSMISSION CATEGORY:

yes

MEDICAL INFORMATION:

Year first diagnosed with HIV: 2021 AIDS diagnosed: CD4 Cell Count: 1196 /UL CD4% Date: 44.3 (07/06/2022 2:33:00 PM) HIV Viral Load: <20 (07/07/2022 5:36:00 PM)

Neutrophil Count and Date: 2.0 X10E3/UL (07/06/2022 2:26:00 AM)

Platelet Code and Date: 212 X10E3/UL (07/06/2022 2:26:00 AM)

Diagnosis of: HIV+ asymptomatic with no AIDS diagnosis (11/03/2021 9:47:17 AM)

Explain how this diagnosis was made (include all OI):_____

KARNOFSKY SCALE ASSESSMENT:

100 normal

SKILLED NURSING CARE: Does this patient meet the Nursing Facility Level of Care? Yes No

FOOD & NUTRITION: Is this patient in need of food and nutrition services? Yes No

DENTAL: REFER TO AHF DENTAL CLINIC? Yes No

Is the patient medically able to receive routine dental care and/or oral procedures? Yes No Is the patient on anticoagulant medication? Yes No Does the patient require antibiotic premedication? No/Yes (circle) AHA Guidelines / Other

TUBERCULOSIS:

Has patient been screened for TB? Yes No TB Skin Test Date: _ TB Chest X Ray:

Quantiferon Test Date: Positive (12/18/2021 11:44:00 PM)

This patient is currently:

Receiving preventative TB treatment? Yes No
Receiving treatment for active? TB Yes No
Non-compliant with recommended treatment? Yes No
Is this client unable to work due to HIV disease? Yes No
If Yes, explain the reasons why and indicate the length of time of the
disability:

I am the Medical Provider responsible for the above patient's HIV care. I certify that the above information is correct and based on a review of the patient's HIV treatment needs.

Provider's Name: DAN MANH NGUYEN MD, License#:

Provider's Signature: Provider's Signature: Provider's Name: DAN MANH NGUYEN MD, License#: