PrEP CHECKLIST

PATIENT LABEL

Repeat tests in unshaded areas

INITIAL CONSULT			3 MONTHS			6 MONTHS			9 MONTHS			12 MONTHS		
Date:	Y	N	Date:	Y	N	Date:	Y	N	Date:	Y	N	Date:	Y	N
PrEP Questionnaire														
Hep A Immune														
Hep B Immune														
Hep C Test														
HIV Test														
Syphilis Test														
NG/Chlamydia Throat														
NG/Chlamydia Urine														
NG/Chlamydia Rectal														
LFT														
Creatinine EGFR														
Phosphate														
Urine PCR														
SA Number														

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