

ESQUIMALT MEDICAL CLINIC

3-1153 Esquimalt Road, Victoria, BC, V9A 3N7 Phone: (778) 265-4305 Fax: (778) 265-4306

Request for Pre-Exposure Prophylaxis (PrEP) Counselling

Patient's Full Legal Name: _____

Preferred Name: _____ PHN: _____

DOB: _____ Address: _____

Phone # Home: _____ Work/Cell: _____ Email: _____

Referring Physician/Clinic: _____ MSP #: _____

Phone #: _____ Fax #: _____

Family Doctor / Copies to: _____ MSP #: _____

Patient consents to the copying of lab results and consults to their family doctor? Yes No

Patient is Unattached

Reason for Request (check all that apply)

PrEP Counselling PrEP Initiation PrEP maintenance

Other: _____

Relative Risk (optional)

High Medium Low Unknown HIRI Score (if known): _____

Relevant Medical History:

Current Medications:

Booking Notes (office use only)

Appointment Date: _____

Time: _____

Patient is Aware

Unable to Reach - Have Patient Call us to Book