

> Histories examinations and screens	
Medications—Rx/OTC/herbal	
Physical examination: include vitals, weight, BMI, waist circumference, thorough skin inspection, DRE with visual genital and anal inspection, manual breast exam	
Vaccination history—some periodic	
Allergies	
Short/ultra short screens for mental health issues	
Substance use—tobacco, alcohol, drugs (inc. illicit use of prescription drugs)	
Contact information, active appointment reminders and tracing	
Geriatric consult/referral when appropriate	

> HIV immune markers	
CD4 as and % * (ART guided)	
VL * (ART guided and event driven)	
Tropism testing ? tropism switch?	
CD8 count (and CD4/8 ratio)* (ART guided)	
Genotyping (ART guided)	

**In some cases, quarterly frequency may be relaxed/extended if patient is stable and sufficiently virally suppressed.*

> Laboratory investigations	
Bone mineral density testing based on guidelines	
CBC with differential and platelets	
ALT/AST/ALP/Bilirubin	
Electrolytes, blood urea nitrogen, UACR	
Lipid profile (total cholesterol, LDL/HDL/triglycerides)—fasting	
Fasting glucose/hemoglobin or A1C	
Urinalysis with urine protein/creatinine	
Colonoscopy q10 yrs at >50	

> Other pathogens	
TB (Annual if at risk)	
Syphilis Annual or based on exposures	
Chlamydia / gonorrhoea Annual or based on exposures	
Hep C	

> Social needs assessment	
Poverty assessment	
Employment/other income benefits	
Housing/food security/transporation	
Access to medicine	
Relationships/support network	
Sexual and reproductive health/family planning	
Sleep habits	
Activities of daily living (ADL)	
Spirituality/mindfulness	
Substance use issues	

> ART management	
Using appropriate techniques, discuss with patient ART benefits/risks	
Readiness, beliefs and acceptance/mutual decision making for acute HIV infection	
Assess access to ART including barriers, such as lack of insurance or drug coverage, other medications and mental health and substance use issues	
Migration/location assessment	
Adherence strategies: education and counseling, reminder technologies (including telephone based or cognitive therapy), electronic drug monitoring, pharmacist/nurse support, peers or case management if applicable	
Assess adherence at every visit—self reports/Coordination of pharmacy refill data/discuss tolerability and adherence barriers	
Identify any population-specific factors (eg. transgender affirmation, women and cART effects, partner or home dynamics)	

> Pediatrics/adolescents	
Teachings for medical responsibility	

> Health teaching	
Advice on fat/cholesterol	
Calcium, vitamin D	
Folic acid	
Weight loss/gain strategies	
Exercise program	
Oral hygiene: brushing, routine dental care	
Eye exam per disease protocol*	
Safer sex practices/STI counsel	
Safer substance use (including alcohol intake)	
Provider-managed smoking cessation	

> For women	
Cervical pap annually for the first 3 years and, if normal, then every 3 years with stable CD4 count (colposcopy/biopsy if needed)	
Trichomoniasis	
Pregnancy Desires and Counseling/folic acid test	
Sexual Health/Dysfunction Discussion	
Mammography	

> For men	
PSA	
Morning Serum testosterone levels tested	
LGV assessment chlamydia test/rectal swab	
Meningitis vaccine	
Discuss sexual function/dysfunction	