



HIV Enrollment Form

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PATIENT INFORMATION			
Name:	Date of Birth:	<input type="radio"/> Male <input type="radio"/> Female	
Address:	City:	State:	Zip:
Phone:	Alt Phone:	Email:	
SS #:	Primary Language:	Emergency Contact:	

PRESCRIBER INFORMATION			
Prescribing Practitioner:			NPI#:
Supervising Physician:			NPI#:
Address:	City:	State:	Zip:
Phone:	Fax:	Office Contact:	

PRESCRIPTION INFORMATION					
Needs by Date:	Ship to: <input type="radio"/> Patients home <input type="radio"/> Prescriber 1st order only <input type="radio"/> Prescriber all orders <input type="radio"/> Other				
Drug	Dose	Direction, Quantities & Refills	Drug	Dose	Direction, Quantities & Refills
NRTIs			Protease Inhibitors		
<input type="radio"/> Emtriva®	<input type="radio"/> 200mg		<input type="radio"/> Aptivus®	<input type="radio"/> 250mg	
<input type="radio"/> Efavirenz®	<input type="radio"/> 150mg <input type="radio"/> 300mg		<input type="radio"/> Crixivan®	<input type="radio"/> 400mg	
<input type="radio"/> Zidovudine®	<input type="radio"/> 300mg		<input type="radio"/> InVira®	<input type="radio"/> 500mg	
<input type="radio"/> Didanosine®	<input type="radio"/> 125mg <input type="radio"/> 300mg		<input type="radio"/> Kaletra®	<input type="radio"/> 200/50	
<input type="radio"/> Stavudine®	<input type="radio"/> 250mg <input type="radio"/> 400mg		<input type="radio"/> Lexiva®	<input type="radio"/> 700mg	
<input type="radio"/> Abacavir®	<input type="radio"/> 300mg		<input type="radio"/> Norvir®	<input type="radio"/> 100mg	
<input type="radio"/> Zalcitabine®	<input type="radio"/> 20mg <input type="radio"/> 30mg		<input type="radio"/> Prezista®	<input type="radio"/> 600mg <input type="radio"/> 800mg	
<input type="radio"/> Didanosine®	<input type="radio"/> 40mg		<input type="radio"/> Reyataz®	<input type="radio"/> 100mg <input type="radio"/> 150mg	
<input type="radio"/> Ziagen®				<input type="radio"/> 200mg <input type="radio"/> 300mg	
<input type="radio"/> Edurant™	<input type="radio"/> 25mg		<input type="radio"/> Viracept®	<input type="radio"/> 250mg <input type="radio"/> 625mg	
<input type="radio"/> Intelence®	<input type="radio"/> 100mg		Entry Inhibitors		
<input type="radio"/> Pifeltro™	<input type="radio"/> 100mg		<input type="radio"/> Fuzeon®	<input type="radio"/> 90mg vial	
<input type="radio"/> Sustiva®	<input type="radio"/> 600mg		<input type="radio"/> Selzentry®	<input type="radio"/> 150mg <input type="radio"/> 300mg	
<input type="radio"/> Viamune XR®			Other Medications		
Combination Antiretrovirals			<input type="radio"/> Bactrim®	<input type="radio"/> S/S <input type="radio"/> D/S	
<input type="radio"/> Atripla®	<input type="radio"/> 300/200/600		<input type="radio"/> Diflucan®	<input type="radio"/> 100mg <input type="radio"/> 200mg	
<input type="radio"/> Biktarvy®	<input type="radio"/> 50/200/25		<input type="radio"/> Procrit®		
<input type="radio"/> Cimduo™	<input type="radio"/> 300/300		Integrase Inhibitors		
<input type="radio"/> Combivir®	<input type="radio"/> 300/150		<input type="radio"/> Isentress®	<input type="radio"/> 400mg tablet	
<input type="radio"/> Complera®	<input type="radio"/> 300/200/25			<input type="radio"/> 600mg tablet	
<input type="radio"/> Delstrigo™	<input type="radio"/> 100/300/300			<input type="radio"/> 100mg chewable	
<input type="radio"/> Epzicom®	<input type="radio"/> 600/300			<input type="radio"/> 25mg chewable	
<input type="radio"/> Odefsey®	<input type="radio"/> 200/25/25			<input type="radio"/> 100mg packet	
<input type="radio"/> Stribild™	<input type="radio"/> 150/150/200/300		<input type="radio"/> Tivicay®	<input type="radio"/> 50mg	
<input type="radio"/> Symfi Lo™	<input type="radio"/> 400/300/300		TAF		
<input type="radio"/> Trizivir®	<input type="radio"/> 300/150/300		<input type="radio"/> Genvoya®		<input type="radio"/> Once Daily
<input type="radio"/> Truvada®	<input type="radio"/> 300/200		<input type="radio"/> Hep B test completed?		

MEDICAL INFORMATION			
** PLEASE FAX COPY OF PRESCRIPTION MEDICATION/MEDICAL CARD, FRONT AND BACK, AS WELL AS ANY CLINICAL NOTES REGARDING THERAPY **			
ICD-10	Patient Evaluation: Weight _____ kg/lbs Height _____ cm/in		
<input type="radio"/> B18.1 Chronic viral hepatitis B w/o delta-agent	<input type="radio"/> R64 Cachexia	Allergies / Comments _____	
<input type="radio"/> B18.2 Chronic viral hepatitis C		Concomitant Medications _____	
<input type="radio"/> B20 Human immunodeficiency virus [HIV]		BMI _____	
<input type="radio"/> Other _____		<input type="radio"/> Naive to Treatment Therapy	
Pharmacy to coordinate injection training/home health nurse visit at necessary		<input type="radio"/> Experienced to Treatment Therapy	
<input type="radio"/> Yes <input type="radio"/> No		Lab Data	Lab Value
Date training: _____		CD4 / T-cell Count	Baseline
Agency of _____		HIV RNA	Current
Reason <input type="radio"/> MD office trained patient		Hgb/Hct	
<input type="radio"/> Patient already independent		White Blood Cell Count	
<input type="radio"/> Referred by MD office to alternate trainer		Creatinine Clearance	

PRESCRIBING PRACTITIONER SIGNATURE	
To Prescribing Practitioner: By signing this form and utilizing our services, you are also authorizing Parkway Pharmacy to serve as your prior authorization designated agent in dealing with medical and prescription insurance companies, and co-pay assistance foundations.	Date _____
Prescribing Practitioner: _____	

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