

HIV RISK MANAGEMENT APPLICATION FORM

Post Exposure Prophylaxis (PEP)

A. Important Information: (This form must be completed by members of NMC and PSEMAS.)

- PEP treatment is a once-off, and the application form is valid for **72 hours** only.
- PEP benefits cover medications only.
- PEP is only payable on Topaz and Topaz Plus under the following circumstances: Rape and Occupational injuries. Proof should be provided.
- The member is expected to maintain their health and should go for an HIV **rapid** test 3 months after treatment to rule out the window period.
- Counselling is critical. Thus, our counsellors will contact the member after the completion of the registration process.
- Submit all relevant and correct information documents on time to avoid delays. Please complete all sections.*
- Signing the forms indicates that you agree with the terms and conditions of the HIV clinical management programme.
- Email completed forms and the prescription to mhsp@methealth.com.na.

*This form is subjected to renewal after 12 months.

B. Patient's Personal and Clinical Details*

Surname

First Names

Gender Date of Birth: Marital Status:

Cell Phone Number Email Address

City/Town Preferred Language

C. Medical Aid Details*

Medical Aid Fund: (Please tick the correct Fund) NMC PSEMAS Option:

Medical Aid Number: Membership/Dependant's Code:

D. Clinical Information

1. Nature of Incident (Please tick the appropriate) Rape Condom Burst Prick Unprotected Sexual Intercourse

Other Specify

2. Rate the Risk According to High - Medium Low

3. Date of Incident: Time of Incident:

4. HIV Rapid Testing, compulsory If Yes, provide results

5. ICD10

6. Other Screenings Done: STIs HBV HSV

7. Member Exposed to PEP Number of Times

8. STIs Treated

Yes	No
-----	----

9. Emergency Contraceptive Provided

Yes	No
-----	----

10. Regimen Prescribed *(Please tick the appropriate box based on the risk level)*

High - Medium Risk TDF300mg /3TC300mg/DTG50mg TAF 25mg//FTC200mg/ DTG TLE400 (Avonza) TEE600

Low Risk TDF300mg/FTC200mg or 3TC

**Rape cases should be provided with pregnancy emergency contraceptive pills, tetanus toxoid and STIs syndromic management based on the guidelines and level of infections.*

I confirm that the information provided in this application form is correct, and the patient comprehends all the information regarding the treatment.

Doctor's Full Names _____

Practice Number _____

Doctor's Signature: _____

Date

D	D	M	M	Y	Y
---	---	---	---	---	---