NMC Building, 8 Newton Street
PO Box 97156, Maerua Mall, Windhoek, Namibia
Tel: 061 375 950 | Fax 061 375 969
Email: mhsp@methealth.com.na
Website: www.mhnamibia.com

HIV RISK MANAGEMENT APPLICATION FORM

Pre Exposure Prophylaxis (PrEP)

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

- HIV benefits for PrEP cover medications (TDF/FTC) – HIV (ELISA), HBV and Creatinine only.
- Supplements and vitamins are not covered under PrEP benefits.
- The member is expected to maintain their health. It is their responsibility to adhere to the recommended schedules for blood tests (HIV and creatinine), i.e., three months after treatment initiation and after that at six-month intervals.
- PrEP and PMTCT benefits ONLY cover Nevirapine and Zidovudine (AZT) under Topaz and Topaz Plus.
- 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, relevant baseline blood results 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 M F Date of Birth: D D M M Y Y Marital Status: Single Married Divorced Child

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 Code:

D. Clinical Information

1. Reasons for PrEP Treatment (Please tick the appropriate box) Discordance ☐ Conceive ☐ Other Risk ☐

If High risk, please specify

ICD10

2. Sexual Partner on Yes No Unknown Please provide partner's current VL Yes No Unknown

3. Member Well Informed and Basic Counselling Provided Yes No 4. Weight kg Height cm

5. Baseline Blood Tests Requested: HIV ☐ Creatinine ☐ HBV ☐ *Any other blood tests are not covered under prep benefits.

6. Other Clinical/Chronic CKD ☐ Diabetic ☐ Hypertension ☐ Hyperlipidemia ☐

Mental illness ☐

NMC NAMIBIA MEDICAL CARE PSEMAS

7. Recommended Regimen TDF300mg/FTC200mg/3TC 300mg ☐

**Vitamins and supplements are not covered under PrEP benefits.*

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 |

Member Signature: _____ Date | D | D | M | M | Y | Y |