Application for GEMS HIV/AIDS Disease Management Programme

Registration for post-exposure prophylaxis

Date D D M M Y Y Y Y

Section A: Patient details

Surname ________ First name ________

Gender M ☐ F ☐ ID no ________ Date of birth D D M M Y Y Y Y

Membership no ________ Dependant code ________ Option ________

Tel no (H) ( ) ________ (W) ( ) ________

Fax no ( ) ________ Cellphone no ( ) ________ (confidential)

Email (confidential) ________

Patient/guardian signature ________ Date D D M M Y Y Y Y

Section B: Exposure

Is the exposure: Occupational ☐ Non -occupational ☐

Date of exposure: D D M M Y Y Y Y Time: ___ : ___

What is the HIV status of the source? Known ☐ Unknown ☐ Delay <72 hours ☐☐

Patient baseline HIV Test Negative Y N

Section C: Script

TREATMENT	STRENGTH	DIRECTION

Section D: Designated practitioner details

Initials ________ Surname ________ Practice no ________

Tel no (H) ( ) ________ (W) ( ) ________

Fax no ( ) ________ Cellphone no ( ) ________ (confidential)

Email (confidential) ________

Doctor's signature ________ Date D D M M Y Y Y Y

Please fax the completed form to **0800 436 7329** or email to **hiv@gems.gov.za**

The Government Employees Medical Scheme (GEMS) is an authorised Financial Services Provider (FSP No 52861)

Working towards a healthier you