Application for GEMS HIV/AIDS Disease Management Programme

Registration for post-exposure prophylaxis

gems
Government Employees Medical Scheme

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**