**Consultation Questions:** [**PrEP-OI Study**](https://preprx.ucsf.edu/prep-rx)

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**Patient Consultation (Initial Intake):**

* What do you know about PrEP?
* What are you hoping PrEP will do? *[What are you hoping PrEP will do for you?]*
* Methods to reduce HIV risk? *[What are some methods you use to address HIV risk?]*
* Condomless sex or IDU in past 72 hours? *[Have you had condomless sex (including oral, vaginal/front hole, or anal sex), or shared a needle or works in the past 72 hours? In the past week?]*
* Any flu like symptoms in the past month? *[In the past month, have you had any flu like symptoms (fever, rash, muscle pain, fatigue, sore throat, headache, swollen or tender lymph glands)?]*
* Methods to remember to take PrEP? *[What methods will you use to remember to take PrEP as directed?]*
* Things that prevent daily med-taking? *[What are some things that may get in the way of you taking PrEP as directed?]*
* Let’s review our follow up plan: *Pt will complete initial PrEP labs on [date]. PrEP Coordinator will contact patient once the prescription is ready for pick up at their preferred pharmacy [name of pharmacy]. Pt understands that PrEP Coordinator will follow up with them at 1 week, 1 month, and about 10-14 days before each quarterly visit.* *Pt is encouraged to contact PrEP Coordinator with any issues or if they discontinue PrEP.*
* Safe place to store your meds? *[Do you have a safe place to store your meds?]*
* What questions do you have?
* Additional PrEP Coordinator notes:

**Patient Consultation Checklist:**

* PrEP daily dosing
* PrEP 2-1-1 dosing
* PrEP injectable dosing
* Time it takes to reach protective levels
* PrEP side effects and management of side effects
* PrEP adherence and facilitators/barriers of adherence
* Plan if dose missed or discontinued
* Cost and insurance
* Lab tests and frequency of testing
* Discussing PrEP with others
* Stopping PrEP
* Restarting PrEP
* Contacting PrEP Coordinator

**Patient Consultation (Follow-up):**

* How are you using PrEP? *[Which medication are you taking/using? How frequently are you taking/using it?]*
* Rate your ability to take your meds in last 30 days *[Rate your ability to take all your meds as directed by your provider in the last 30 days: Excellent, Very good, Good, Fair, Very poor]*
* How many pills taken in last 30 days? *[How many pills would you estimate you’ve taken in the last 30 days?]*
* # of times condomless sex without PrEP? *[In the past 30 days, how many times have you had condomless sex (anal or vaginal/front hole sex) without taking PrEP as directed?]*
* What symptoms are you noticing? *[What symptoms are you noticing from PrEP, if any?]*
* Any flu like symptoms in the past month? *[In the past month, have you had any flu like symptoms (fever, rash, muscle pain, fatigue, sore throat, headache, swollen or tender lymph glands)?]*
* Do you have any discharge? *[Do you have any discharge (from penis, vagina, or anus)?]*
* Any pain or discomfort during urination? *[Are you experiencing any pain or discomfort during urination?]*
* Any pain or discomfort during sex? *[Are you experiencing any pain or discomfort during sex?]*
* Is PrEP serving you? Want to continue? *[Is PrEP serving you in the way you had hoped/would you like to continue?]*
* Do you need refills today?
* Let’s review our follow-up plan: *Pt understands that PrEP Coordinator will follow up with them about 10-14 days before each quarterly visit. Pt is encouraged to contact PrEP Coordinator with any issues or if they discontinue PrEP.*
* What questions do you have?
* Additional PrEP Coordinator notes: