

**Case Manager Guidelines**  
**Assessing Clients' HIV Medication Adherence Needs**

\_\_\_\_\_  
(Client ID)

\_\_\_\_\_  
(Date)

Assessed needs should be explored with the client and addressed in plan of care with the client.

Are you taking any HIV medications? \_\_\_\_\_

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Do you know the names of your medications and how often you are taking them? \_\_\_\_\_

\_\_\_\_\_

\*

Do you have any trouble remembering when to take your pills? \_\_\_\_\_

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Have you missed any doses in the last week or last three days? \_\_\_\_\_

\*

Have you missed any medical or laboratory appointments in the last three weeks? \_\_\_\_\_

\*

Do you have other things (competing life issues) that get in the way of your ability to take your pills? \_\_\_\_\_

\*

Has your medical provider recommended that you take HIV medications?

\*

**\*IF YES, OFFER REFERRAL TO MAP AND ASSESS FOR SUPPORT SERVICES TO MAP**

Plan:

- Describe MAP
- Referral to MAP
- Provide Support Service(s)
- Referral to Support Service (mental health, methadone clinic, etc.)

- Referral Completed