**Confirmation of Care - HIV**

Wiltshire Sexual Health Service

Telephone Reception: 01722 425120

Secure Email: [shc-tr.Sexualhealth@nhs.net](mailto:shc-tr.Sexualhealth@nhs.net)

Website: [www.wiltshiresexualhealth.co.uk](http://www.wiltshiresexualhealth.co.uk)

Patients Name:

DOB:

Address:

EDD for current pregnancy:

Date of HIV diagnosis:

Reason for HIV test:

Likely country of acquisition:

If abroad, when did they arrive in the UK?

Likely mode of transmission:

Any evidence of Seroconversion? Yes/No

Latest Blood Results:

CD4 - Date taken:

Viral Load - Date taken:

Current medications from GUM:

Date started HIV treatment:

Any HIV symptoms during pregnancy? Yes/No

Stage C disease at any time? Yes/No

STI screen required in this pregnancy Yes/No

Any concerns:

**HIV BIRTH PLAN WILL FOLLOW ONCE PREGNANCY REACHES 3rd TRIMESTER**