

Table 1: Components of a Health History and Physical Examination for Patients with HIV/AIDS

<u>Health History</u>	<u>Physical Examination</u>
History of present illness including factors that led to HIV testing and route of infection.	Oral cavity assessment: evaluate for signs of candida, oral hairy leukoplakia, aphthous ulcers, gingivitis, or Kaposi's Sarcoma.
Past medical history including conditions that may be exacerbated by HIV infection such as diabetes mellitus, hypertriglyceremia, or Hepatitis B and/or C. This should also include a family history.	Fundoscopy exam: identify signs of Cytomegalovirus and/or glaucoma.
Childhood illnesses and vaccinations to prevent common illnesses such as Diphtheria, Pertussis and Tetanus (DPT), polio, Chicken Pox, and measles.	Lymph node assessment: check for lymphadenopathy.
Medication history including knowledge of medications, side effects, adverse reactions, dosing and scheduling of medications, drug interactions. Identify previous HAART regimens.	Dermatologic assessment; assess for signs of HIV exanthem, Kaposi's Sarcoma, and infectious complications.
Sexual history including sexual orientation and history of sexually transmitted diseases.	Neuromuscular assessment: identify central, peripheral, or autonomic system disorders such as meningitis, encephalitis, or peripheral neuropathy.
Lifestyle habits such as recreational drug use (alcohol, tobacco and street drugs), preferred rest and relaxation activities.	Cardiovascular assessment: evaluate for cardiomyopathy related to antiretroviral therapy.
Dietary habits including preferred foods, and aversions, and dietary needs related to drug administration.	Gastrointestinal assessment: palpate for signs of organomegaly, check stools for indications of parasitic infection as well as signs of occult blood.
Travel history particularly to third world countries.	Reproductive system assessment: identify signs of sexually transmitted disease or evidence of invasive cervical cancer, as well as breast and testicular examinations.
Complete review of systems for associated signs and symptoms.	

Adapted for Kirton, C., Ferris, R., & Elftherakis, C. (1999). Primary care and case management of persons with HIV/AIDS update (pp.71-94). In D. W. Sherman (Ed.) *Nursing Clinics of North America*. Philadelphia, PA: WB Saunders Co.