

## AIDS INSURANCE CONTINUATION PROGRAM--PHYSICIAN'S STATEMENT OF DIAGNOSIS

Patient Name: \_\_\_\_\_ SS# \_\_\_\_\_

**STEP 1. Please CHECK ONE of the following:**

This patient tested positive for **Symptomatic HIV** on \_\_\_\_\_ (For a list of symptoms, please see Page 2)  
(Date)

This patient was diagnosed with **AIDS** on \_\_\_\_\_  
(Date)

**STEP 2. Laboratory values at time of AIDS Diagnosis or, if HIV + only, most recent results:**

**CD4 (Absolute/Percent)** \_\_\_\_\_ / \_\_\_\_\_ % as of \_\_\_\_\_ (Date)

**Viral Load** \_\_\_\_\_ copies as of \_\_\_\_\_ (Date)

**STEP 3. Please CIRCLE ONE of the following CDC Staging Classifications using the chart below as a guide:**

**A1    A2    A3    B1    B2    B3    C1    C2    C3**

		Clinical Categories		
CD4 + T-cell Categories	CD4 + Percentage	(A) Asymptomatic Acute (primary) HIV or PGL	(B) Symptomatic Not (A) or (C) conditions	(C) AIDS-Indicator Conditions
(1) > 500/uL	>29%	<b>A1</b>	<b>B1</b>	<b>C1</b>
(2) 200-499/uL	14-28%	<b>A2</b>	<b>B2</b>	<b>C2</b>
(3) <200/uL AIDS indicator T-cell count	<14%	<b>A3*</b>	<b>B3</b>	<b>C3</b>

\* A3 is an AIDS indicator, regardless of the presence of symptoms; i.e. the client is eligible for AICP

**Patient's Release:** *I hereby authorize you to release this completed physician's statement of diagnosis to (CBO) \_\_\_\_\_ and to the Health Council of South Florida for use in the AIDS Insurance Continuation Program.*

**Patient Signature:** \_\_\_\_\_

**MD/DO/ARNP Signature:** \_\_\_\_\_

**MD/DO/ARNP Name:** \_\_\_\_\_

**MD/DO/ARNP License #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Case Manager Name:** \_\_\_\_\_

**(Please Print Clearly)**

**Case Manager Phone:** \_\_\_\_\_

## AIDS INSURANCE CONTINUATION PROGRAM--PHYSICIAN'S STATEMENT OF DIAGNOSIS

### ***CDC Classification System for HIV Infection***

The CDC categorization of HIV/AIDS is based on the lowest documented CD4 cell count and on previously diagnosed HIV-related conditions. For example, if a patient had a condition that once met the criteria for Category B but now is asymptomatic, the patient would remain in Category B. Additionally, categorization is based on specific conditions, as indicated below. Patients in categories A3, B3 and C1-C3 are considered to have AIDS.

**B. Category B symptomatic conditions are defined as symptomatic conditions occurring in an HIV infected adolescent or adult that meet at least one of the following criteria: (a) they are attributed to HIV infection or indicate a defect in cell-mediated immunity; or (b) they are considered to have a clinical course or management that is complicated by HIV infection. Examples include, but are not limited to, the following:**

Bacillary angiomatosis	Idiopathic thrombocytopenic purpura
Oropharyngeal Candidiasis (thrush)	Constitutional symptoms, such as fever (38.5 C) or diarrhea lasting >1 month
Vulvovaginal candidiasis, persistent or resistant	Peripheral neuropathy
Pelvic inflammatory disease (PID)	Herpes zoster(shingles), involving ≥2 episodes or ≥1 dermatome
Cervical dysplasia (moderate or severe)/cervical carcinoma in situ	
Hairy leukoplakia, oral	

**C. Category C AIDS-Indicator conditions. Conditions include:**

Bacterial pneumonia, recurrent (≥2 episodes in 12 months)	Lymphoma, Burkitt, immunoblastic, or primary central nervous system
Candidiasis of the bronchi, trachea, or lungs	<i>Mycobacterium avium</i> complex (MAC) or <i>M. kansasii</i> , disseminated or extrapulmonary
Candidiasis, esophageal	<i>Mycobacterium tuberculosis</i> , pulmonary or extrapulmonary
Cervical carcinoma, invasive, confirmed by biopsy	<i>Mycobacterium</i> , other species or unidentified species, disseminated or extrapulmonary
Coccidioidomycosis, disseminated or extrapulmonary	<i>Pneumocystis jiroveci</i> (formerly <i>carinii</i> ) pneumonia (PCP)
Cryptococcosis, extrapulmonary	Progressive multifocal leukoencephalopathy (PML)
Cryptosporidiosis, chronic intestinal (>1 month's duration)	<i>Salmonella</i> septicemia, recurrent (nontyphoid)
Cytomegalovirus disease (other than liver, spleen, or nodes)	Toxoplasmosis of brain
Encephalopathy, HIV related	Wasting Syndrome due to HIV (involuntary weight loss >10% of baseline body weight) associated with either chronic diarrhea (≥2 loose stools per day ≥1 month) or chronic weakness and documented fever ≥1 month
Herpes simplex: chronic ulcer(s) (>1 month's duration); or bronchitis, pneumonitis, or esophagitis	
Histoplasmosis, disseminated or extrapulmonary	
Isosporiasis, chronic intestinal (>1 month's duration)	
Kaposi's sarcoma	