NMC Building, Unit 8 Newton Street
PO Box 97156, Maerua Mall, Windhoek, Namibia
Tel: 061 375 950 | Fax 061 375 969
Email Address: wellness1@methealth.com.na
Website: www.mhnamibia.com

HIV RISK MANAGEMENT APPLICATION FORM

Pre Exposure Prophylaxis (PrEP)

A. Important Information: *(This Form Must be Completed by Members of NMC, BANKMED and PSEMAS.)*

- HIV benefits for PrEP cover medications (TDF/FTC) – HIV (ELISA) & Creatinine only.
- Supplements and vitamins are not covered under PrEP benefits.
- The member is expected to maintain their health, and it is their responsibility to adhere to recommended blood tests (HIV and Creatinine) schedules, i.e. 3 months after treatment initiation, after that 6 months intervals.
- PrEP and PMTCT benefits are not covered under Topaz and Topaz Plus.
- Counselling is critical. Thus, our counsellors will contact the member after the completion of the registration process.
- Submit all relevant and correct information documents on time to avoid delays. Please complete all sections.*
- Signing the forms indicates that you agree with the terms and conditions of the HIV clinical management programme.
- Email the completed form, relevant baseline blood results and the prescription to wellness1@methealth.com.na.

**The forms are subject to renewal after 12 months.*

B. Patient's Personal and Clinical Details

Surname

First Names

Gender M F Date of Birth D D M M Y Y Marital Status Single Married Divorced Child

Cell Phone Number City/Town

C. Medical Aid Details

Medical Aid Fund: *((Please tick the Correct Fund)* NMC ☐ Bankmed ☐ PSEMAS ☐ Option:

Medical Aid Number: Membership Code:

D. Clinical Information

Reasons for PrEP Treatment *(Please tick the appropriate box)* Discordance ☐ Conceive ☐ High Risk ☐

Please Specify

Sexual Partner on ART? Yes No Unknown Partner Virally Suppressed? Yes No Unknown

Patient Well Informed and Basic Counselling Provided Yes No Weight kg Height cm

Baseline Blood Tests Requested: HIV ☐ Creatinine ☐ HBV ☐ **Any other blood tests are not covered under prep benefits.*

Other Clinical/Chronic Conditions Diabetic ☐ Hypertension ☐ High Cholesterol ☐ Mental Disorders ☐

Recommended Regimen: TDF300mg/FTC200mg ☐

**Vitamins and supplements are not covered under PrEP benefits.*

I confirm that the information provided in this application form is correct, and the patient comprehends all the information regarding the treatment.

Doctor's Full Names Practice Number

Doctor's Signature: Date D D M M Y Y

Patient's Signature: Date D D M M Y Y

NMC NAMIBIA MEDICAL CARE bankmed namibia PSEMAS