

For Referring Providers and Public Health Officers

Thanks for all the excellent care you deliver to our mutual patients and the critical support you provide. An outline of the major tasks that need to be accomplished prior to the patient's arrival are summarized below.

- Patient notification – Major points are
 1. assessing for a history of suicidality before giving the news (rare these days but it happens), with someone from behavioral health, social work or the chaplain's office on standby should their assistance be needed;
 2. the critical information to convey is that HIV is life altering, but is not a death sentence and with available treatments the longevity of infected patients approaches the age adjusted US population;
 3. reassure the patient regarding their ability to get care for their illness;
 4. reinforce how the virus is transmitted and the need to use latex barrier protection during sexual activities.
- Preventive medicine order: The patient's commander needs to have them sign this order, (attachment 14 in AFI 48-135), keeping one copy and giving a copy to the patient. If the command changes, the exiting CO turns this over to the new commander. If the patient is PCSd to a new command, the order should be sent eyes only to the new commander.
- Scheduling the evaluation visit. You or an assistant should call the unit travel assistant at 1-800-468-6961 or 210-916-0532. If the lines are busy, try the clinic desk 210-916-5554 DSN code for BAMC is 429-XXXX. Tell the answering personnel you need to schedule an active duty evaluation and be sure you specify the patient's military service branch since the appointment and schedules are somewhat different.
- If you are referring a patient with a positive test (ELISA and WB or IFA confirmed) done at other than AFIOH at Brooks, please FAX (secure: 210-916-1657, comm only) a copy of the test results to the attention of Unit Staff MD and send another specimen to the Air Force Testing Lab at Brooks AFB. The latter assures that the result is not due to a specimen mixup and is important for surveillance purposes. The phone number for the testing lab personnel at Brooks is 210-536-8935 (DSN 240-XXXX).
- No other lab needs to be done at your facility except as clinically indicated if the patient is symptomatic. If they are physically or emotionally symptomatic, you should probably make sure that they are stable enough to travel as an outpatient status before sending them here. If not, hospitalization locally is generally the patient's preference because of the availability of support, and we can see them after their discharge. A LOT of lab tests are done here, certainly all that are routinely done for re HIV, and many others as well. If you draw them, we may need to repeat them for timing issues (MEB, any research studies the patient may wish to enter), so best to defer. The results are entered in the narrative prepared for the MEB with both raw data and the encounter available in AHLTA signed confidential access.
- Keep in mind that cutting orders may take awhile so try to start at least 2 weeks prior to their arrival.
- The patient's MTF, Tricare case manager or patient squadron has to cut medical TDY orders. For the sake of confidentiality, all they really need is an MD point of contact and the information that a series of medical appointments are needed for the medical board to stratify a Code C condition. If they need MD confirmation by e-mail or FAX, this can be provided on request. If at all possible, the patient should bring their medical record or a copy of same.
- See the patient information section for a patient welcome letter, description of unit activities, a map of San Antonio, and a sample calendar of appointments and a patient squadron brochure.

Please feel free to call 210-916-5554 for any further questions.