

Week One Initial Evaluation

NAME: _____
(First name, first initial of last name ONLY)

| Monday – Week 1 | Tuesday - Week 1 | Wednesday – Week 1 | Thursday - Week 1 | Friday – Week 1 | | | |
|---|---|---|---|---|--|---|---|
| H O L I D A Y | 0630 <i>Travel to SAMMC</i> | <i>Travel to SAMMC</i> | <i>Travel to SAMMC for appts/classes as needed</i> | Check in for Mental Health Appt @ WHMC 9 th floor D-wing Provider: _____ Time: _____ | | | |
| | 0700 Desk check in 0700- 0830 Lab Collection, PPD | 0930-1100 Support Group Conference Room (714-1) | 0930 Research Briefing | | | | |
| | Please wait in Rm 715-22 until called for labs/appts | | 1100 HIV Basics Judy Delmar MD Staff Rm _____ | | | | |
| | 1200 -1300 Lunch (on your own) – BAMC Cafeteria: L level | | | | Lunch (on your own) WHMC Cafeteria: Basement level | | |
| | <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Mandatory classes or activities</td> </tr> <tr> <td style="text-align: center;">Optional or only for research protocol</td> </tr> </table> | Mandatory classes or activities | Optional or only for research protocol | | 1330-1430 Prevention Group Risk Management Walter Mika, RN, MSN | 1330- 1500 Safer Sex Walter Mika, RN, MSN Rm _____ | 1400 hrs: Appt with MEB @ WHMC (BE10 lower level) (Take outpatient records if you have them) |
| | Mandatory classes or activities | | | | | | |
| Optional or only for research protocol | | | | | | | |
| <u>MANDATORY !!!</u> Check in with WHMC Patient Squadron (Rm 1T08) with orders to ensure TDY reimbursement | | 1500- 1600 Public Health Interview Walter Mika, RN, MSN Rm _____ | | | | | |
| Chest X-Ray: anytime this week Radiology Dept is located on the first floor, Medical Mall area at SAMMC | | | | | | | |

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|---|-------------|-------------|-----------|
| Initial Intake Interview: Walter Mika, RN, MSN | Date: _____ | Time: _____ | Rm: _____ |
| History & Physical: MD: _____ | Date: _____ | Time: _____ | Rm: _____ |
| MD Lab Review: MD: _____ | Date: _____ | Time: _____ | Rm: _____ |

MDs

CLINICAL RESEARCH COORDINATORS

APPOINTMENT COORDINATOR

Dr. Judy Delmar
Maj Yun
Dr. Landrum

Maj Marconi
Maj Robinson
Dr. Agan

Judy Wessely
Terry Merritt
Jodi Tullman

Sophie Smith
Veronica Wimberly

Shirley Rogers

Week Two Initial Evaluation

NAME: _____
 (First name, first initial of last name ONLY)

| Monday - <u>Week 2</u> | Tuesday - <u>Week 2</u> | Wednesday - <u>Week 2</u> | | | |
|---|---|--|--|--|---|
| 0630 <i>Travel to SAMMC</i> | <i>Travel to SAMMC for appts/classes</i> | <i>Travel to SAMMC if appts/classes</i> | <table border="1" style="margin: auto;"> <tr> <td style="text-align: center;">Mandatory classes or activities</td> </tr> <tr> <td style="text-align: center;">Optional or only for research protocol</td> </tr> </table> <p style="text-align: center;">We appreciate your feedback! Please take a few moments to fill out our Program Survey.</p> <p style="text-align: center;"><i>Completed surveys may be placed in the HJF Survey box by window in 7 East Clinic Waiting Room (715-22).</i></p> | Mandatory classes or activities | Optional or only for research protocol |
| Mandatory classes or activities | | | | | |
| Optional or only for research protocol | | | | | |
| 0700 Please wait in 715-22 until called for labs/appts 0700-0830 Lab Collection, (anergy panels if consenting) | | 0800-0900 Anergy panels read (if placed) | | | |
| 0900-1000 Orientation Conference Room (714-1) | Immunizations: ID clinic personnel, front desk | | | | |
| 1200 -1300 Lunch (on your own) – BAMC Cafeteria: L level | | | | | |
| | 1330-1445 Treatment Science Conference Room (714-1) | <u>Don't Forget!</u> Schedule next appt with Shirley Rogers @ Front Desk ** Check out with WHMC Patient Squadron (1T08) | | | |
| | 1500-1630 Prevention Group Conference Room (714-1) | | | | |

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|--------------------------------------|-----------|-------------|-------------|----------|
| Final Lab / Narrative Review: | MD: _____ | Date: _____ | Time: _____ | Rm _____ |
|--------------------------------------|-----------|-------------|-------------|----------|

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|----------------------------|-------------------|-------------|-------------|----------|
| Research Interview: | Coordinator _____ | Date: _____ | Time: _____ | Rm _____ |
|----------------------------|-------------------|-------------|-------------|----------|