

For Referring Providers and Public Health Officers

Thank you 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 is summarized below.

Patient notification – Major points are:

1. Assessing for a history of suicidality before giving the news (rare these days but can happen) 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 to patients is that HIV is life altering, but it is not a death sentence and with available treatments the longevity of infected patients approaches the age adjusted in the 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 orders: The patient's commander needs to have them sign this order (attachment 13 in AFI 44-178 or Army Regulation 600-110) keeping one copy and giving a copy to the patient. If the commander changes, the exiting commander turns this over to the new commander. If the patient is PCS'd to a new command, the order should be sent 'for eyes only' to the new commander.

Scheduling the evaluation visit: You or an assistant should call the scheduler at 1-210-916-0532 for USAF patients. US Army Patients are scheduled by calling the front desk scheduler at 1-210-916-5554. Tell the answering personnel you need to schedule an active duty evaluation and be sure to specify the patient's military service branch since the appointment and schedules are somewhat different.

No other laboratory studies need to be done at your facility except as clinically indicated if the patient is symptomatic. If they are physically or emotionally symptomatic, you should make sure that they are stable enough to travel as in 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 discharge. Many laboratory tests are performed here, certainly all that are routinely done regarding 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 it is best to defer. The results are entered into the narrative prepared for the MEB with both raw data and the encounter available on AHLTA.

Keep in mind that preparing travel orders may take a while so try to start at least 2 weeks prior to their arrival here at Brooke Army Medical Center.

The patient's MTF, Tricare case manager or patient squadron must cut medical TDY orders. For the sake of confidentiality, all they 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 confirmation by e-mail or FAX, this can be provided on request.

Patients will be provided with a Welcome Letter, a sample of their clinic visit schedule, and maps of San Antonio and Ft. Sam Houston. The Welcome Letter provides information on what is available to the patient in the line of physical examination, counseling and information classes which are designed to assist the patient in their knowledge of their new disease. The sample clinic visit schedule shows the calendar of events the patient will be involved in while they are with us for the clinic staging visit. The maps are provided so patients can reacquaint themselves to San Antonio and to learn about the lay-out of Ft. Sam Houston.

Please feel free to call 210-916-5554 or 210-916- 0352 for any further questions.