

DATE: \_\_\_\_\_ CLINIC: \_\_\_\_\_

PATIENT INFORMATION		ALL INFORMATION IS CONFIDENTIAL AND USED FOR CLINICAL PURPOSES ONLY	
Patient Name		Preferred Name	
Main Phone	Alternative Phone	Date of Birth	Social Security #
Address		City, State, Zip	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> MtF Female <input type="checkbox"/> FtM Male <input type="checkbox"/> Other:			
Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other:			Pronouns
Allergies		Current Medications	

IF INSURED	
Insurance Company	
BIN	PCN
Member ID	
Rx Group	
<b>INSURED PATIENT CHECKLIST:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete "Patient Information" Section</li> <li><input type="checkbox"/> Complete "If Insured" Section</li> <li><input type="checkbox"/> Fax completed Avita PrEP Assistance Form</li> <li><input type="checkbox"/> Fax both sides of the patient's insurance card</li> </ul>	
<b>NEXT STEPS:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Send Avita the prescription when ready</li> <li><input type="checkbox"/> Avita will notify you and the patient with any updates and coordinate next steps.</li> </ul>	

IF UNINSURED	
Annual Household Income	
Number of People in Household	
Notes	
<b>UNINSURED PATIENT CHECKLIST:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete "Patient Information" Section</li> <li><input type="checkbox"/> Complete "If Uninsured" Section</li> <li><input type="checkbox"/> Fax completed Avita PrEP Assistance Form</li> <li><input type="checkbox"/> Fax last two pay stubs OR last year's tax return</li> <li><input type="checkbox"/> Fax Avita pages 1 and 5 of the Gilead Advancing Access application with the prescriber and patient signatures.</li> </ul>	
<b>NEXT STEPS:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Avita will complete the Gilead Advancing Access application on the patient's behalf.</li> <li><input type="checkbox"/> Send Avita the prescription when ready</li> <li><input type="checkbox"/> Avita will notify you and the patient with any updates and coordinate next steps.</li> </ul>	