



Nevada Ryan White Parts ABCD Common Guidance Document Request for Proof of Diagnosis

The client noted below has requested services from the Ryan White HIV/AIDS Program. The Common Guidance from Ryan White Parts ABCD requires medical verification of diagnosis to determine eligibility for services. This is only at the client's initial enrollment only.

Client Name _____ DOB: _____

I hereby give my permission to _____ to release the required information to the Ryan White Parts ABCD eligibility providers.

Client Signature _____ Date _____

This section to be completed by your medical provider

DIAGNOSIS INFORMATION

- | | |
|---|--|
| <input type="checkbox"/> HIV Positive (not AIDS) | <input type="checkbox"/> CDC defined AIDS |
| <input type="checkbox"/> HIV Positive (AIDS Status Unknown) | <input type="checkbox"/> HIV Indeterminate |

HIV Diagnosis Date: _____ AIDS Diagnosis Date: _____

If available please attach client's latest CD4 and Viral Load lab work.

Physician Printed Name: _____

Physician Signature: _____

License Number: _____ State Issued: _____

Telephone Number: _____ Date: _____