

This sheet is designed to help you keep a note of the drugs you are currently taking. Use it to record any treatment you take, whether it has been prescribed by your doctor, or you have bought it yourself. By showing it to your HIV pharmacist or doctor every time you visit your treatment centre, you can help to avoid drug interactions which may be harmful.

### Anti-HIV drugs

Tick any of the following anti-HIV drugs which you are currently taking:

<input type="checkbox"/>	Aptivus® (tipranavir)	<input type="checkbox"/>	Prezista® (darunavir)
<input type="checkbox"/>	Atripla® (efavirenz+tenofovir+FTC)	<input type="checkbox"/>	Retrovir® (zidovudine, AZT)
<input type="checkbox"/>	Celsentri® (maraviroc)	<input type="checkbox"/>	Reyataz® (atazanavir)
<input type="checkbox"/>	Combivir® (AZT+3TC)	<input type="checkbox"/>	Sustiva® (efavirenz)
<input type="checkbox"/>	Crixivan® (indinavir)	<input type="checkbox"/>	Stribild® (elvitegravir+cobicistat+tenofovir+FTC)
<input type="checkbox"/>	Edurant® (rilpivirine)	<input type="checkbox"/>	Telzir® (fosamprenavir)
<input type="checkbox"/>	Generic efavirenz	<input type="checkbox"/>	Trizivir® (AZT+3TC+abacavir)
<input type="checkbox"/>	Emtriva® (emtricitabine, FTC)	<input type="checkbox"/>	Truvada® (tenofovir+FTC)
<input type="checkbox"/>	Epivir® (lamivudine, 3TC)	<input type="checkbox"/>	Tybost® (cobicistat)
<input type="checkbox"/>	Eviplera® (rilpivirine+tenofovir+FTC)	<input type="checkbox"/>	Videx® (didanosine, ddl)
<input type="checkbox"/>	Fuzeon® (T-20, enfuvirtide)	<input type="checkbox"/>	Viracept® (nelfinavir)
<input type="checkbox"/>	Intelence® (etravirine)	<input type="checkbox"/>	Viramune® (nevirapine)
<input type="checkbox"/>	Invirase® (saquinavir)	<input type="checkbox"/>	Viramune® extended release (nevirapine)
<input type="checkbox"/>	Isentress® (raltegravir)	<input type="checkbox"/>	Viread® (tenofovir)
<input type="checkbox"/>	Kaletra® (lopinavir+ritonavir)	<input type="checkbox"/>	Vitekta® (elvitegravir)
<input type="checkbox"/>	Kivexa® (abacavir+3TC)	<input type="checkbox"/>	Zerit® (estavudine, d4T)
<input type="checkbox"/>	Generic lamivudine	<input type="checkbox"/>	Ziagen® (abacavir)
<input type="checkbox"/>	Generic nevirapine	<input type="checkbox"/>	Generic Zidovudine
<input type="checkbox"/>	Norvir® (ritonavir)	<input type="checkbox"/>	

### Other regularly prescribed medication

List any other treatments that you are taking on a regular basis, e.g. Septrin, Viagra, oral contraceptives:

Name of drug	How often	How many

### Over-the-counter medication

List any treatments you are taking without a prescription:

Name of drug	How often	How many

### Vitamins, minerals, herbs & supplements

List any of these types of therapies you are taking, e.g. anabolic steroids, carnitine:

Name of drug	How often	How many

### Miscellaneous

List any other drug or therapy or recreational drugs you have taken. You could keep this information secret by using a codeword which only you and your pharmacist know.

Name of drug	How often	How many

Warning: Do not take St John's Wort (hypericin) if you are also taking anti-HIV drugs.