



Health
HIV

Rapid-Start PrEP Patient Readiness Assessment

Assessing patient readiness

Assessing patient readiness is a critical step in the rapid-start PrEP process.

Before determining clinical eligibility, it is important to ensure the patient is ready to start treatment and can reliably follow the prescribed medication schedule. Readiness includes understanding what PrEP is, recognizing the importance of adherence, being aware of potential side effects, and having a plan for follow-up care and lab monitoring. A careful assessment helps identify and address potential barriers before they interrupt care.

This Patient Readiness Form helps you determine whether a patient is prepared to begin rapid-start PrEP. It builds naturally on *Starting the Conversation: A Navigator's Guide to Discussing Rapid-Start PrEP with Patients*, which support structured, patient-centered discussions to determine interest. Together, these tools ensure that every patient receives the information, guidance, and support they need for a safe and successful PrEP start.

Once the checklist is complete, you can begin the warm handoff to the medical team. However, this should not be your final interaction with the patient! Your involvement throughout the day reassures patients as they begin rapid-start PrEP. Continued guidance after starting helps them stay adherent and engaged in follow-up care.

Patient Readiness Form

PATIENT NAME:

DATE:

NAVIGATOR NAME:

① Patient Interest and Motivation

| READINESS INDICATOR | YES | NO | NOTES |
|--|--------------------------|--------------------------|-------|
| Patient expresses a desire to start PrEP today | <input type="checkbox"/> | <input type="checkbox"/> | |
| Patient understands PrEP protects against HIV | <input type="checkbox"/> | <input type="checkbox"/> | |
| Patient understands potential side effects and what to do if they occur | <input type="checkbox"/> | <input type="checkbox"/> | |
| Patient understands importance of adherence | <input type="checkbox"/> | <input type="checkbox"/> | |
| Patient understands that PrEP is voluntary | <input type="checkbox"/> | <input type="checkbox"/> | |
| Patient understands ongoing follow-up requirements (labs, visits) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Patient understands other prevention methods are available (DoxyPEP, vaccination, contraception) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Patient has discussed any hesitations and feels ready to proceed today | <input type="checkbox"/> | <input type="checkbox"/> | |

② Adherence and Support

| READINESS INDICATOR | YES | NO | NOTES |
|---|--------------------------|--------------------------|-------|
| Patient feels confident in their ability to follow the prescribed medication regimen | <input type="checkbox"/> | <input type="checkbox"/> | |
| Patient can describe a plan for remembering and adhering to their medication schedule (e.g. reminders, pillboxes, calendar alerts, etc) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Potential adherence barriers discussed (travel, mental health, substance use) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Patient understands importance of ongoing HIV/STI testing | <input type="checkbox"/> | <input type="checkbox"/> | |

PATIENT NAME:

DATE:

NAVIGATOR NAME:

③ Logistics

| READINESS INDICATOR | YES | NO | NOTES |
|---|--------------------------|--------------------------|-------|
| Patient understands how to maintain ongoing access to medication (e.g. refills, appointments) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Patient understands costs of medications and care associated with rapid-start PrEP | <input type="checkbox"/> | <input type="checkbox"/> | |
| Patient is aware of available financial assistance programs | <input type="checkbox"/> | <input type="checkbox"/> | |
| Patient has a secure place to store medication, if taking medication home, or access to clinic-based administration | <input type="checkbox"/> | <input type="checkbox"/> | |
| Patient has transportation or plan to get to follow-up visits | <input type="checkbox"/> | <input type="checkbox"/> | |
| Patient has contact information for questions or urgent concerns | <input type="checkbox"/> | <input type="checkbox"/> | |

④ Navigator Summary and Recommendation

Patient is ready for rapid-start PrEP: YES NO

Notes/Concerns:

Navigator signature: _____