C

IDENTIFICATION NO.
0043245602

CLIENT CODE

HIV COUNSELING AND TESTING REPORT FORM

POSTTEST COUNSELING INFORMATION

CLIENT POSTTEST COUNSELED?
- 0 NO
- 1 YES, REQUESTED RESULT
- 2 YES, WITH FOLLOW-UP
- 3 YES, AT NEW CLINIC VISIT
- 4 YES, OTHER

DATE OF POSTTEST: JAN 00 92, FEB 11 93, MAR 22 94, APR 33 95, MAY 4 96, JUN 5 97, JUL 6 98, AUG 7 99, SEP 8 00, OCT 9 01, NOV 02, DEC 03

POSTTEST COUNSELOR

SITETYPE: _____ SITENUM: _____

PLEASE REMOVE THIS PIECE BEFORE SCANNING

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HIV COUNSELING AND TESTING REPORT FORM

OMB No. 0920-0208 A

IDENTIFICATION NO.
0043245602

PROJ AREA

SITE TYPE
- 1 HIV CTS
- 2 STD
- 3 DRUG TRMT
- 4 FAMILY PL
- 5 PRENAT/OB
- 6 TB
- 7 CHC/PHC
- 8 PRISON/JAIL
- 9 HOSP/PMD
- 10 FIELD VISIT
- 11 OTHER

SITE NUMBER

PRETEST COUNSELOR

DATE OF THIS VISIT: JAN 00 92, FEB 11 93, MAR 22 94, APR 33 95, MAY 4 96, JUN 5 97, JUL 6 98, AUG 7 99, SEP 8 00, OCT 9 01, NOV 02, DEC 03

CLIENT DEMOGRAPHIC INFORMATION

SEX
- 1 MALE
- 2 FEMALE

RACE/ETHNICITY
- 1 WHITE, NOT HISPANIC
- 2 BLACK, NOT HISPANIC
- 3 HISPANIC
- 4 ASIAN/PACIFIC ISL
- 5 AM INDIAN/AK NATIVE
- 8 OTHER
- 9 UNDETERMINED

HEALTH INS. PROVIDER
- 1 NONE
- 2 SELF
- 3 PUBLIC ASSIST
- 4 MILITARY/VA
- 5 EMPLOYER

AGE

STATE

COUNTY

ZIP CODE

CLIENT CODE

PRETEST COUNSELING INFORMATION

(mark all that apply)

REASON FOR VISIT
- 1 SYMPTOMATIC FOR HIV / AIDS
- 1 CLIENT REFERRAL
- 1 PROVIDER REFERRAL
- 1 STD RELATED
- 1 DRUG TRMT RELATED
- 1 FAMILY PL RELATED
- 1 PRENATAL/OB RELATED
- 1 TB RELATED
- 1 COURT ORDERED
- 1 IMMIGRATION/TRAVEL REQ.
- 1 OCCUPATIONAL EXPOSURE
- 1 RETEST
- 1 REQUESTING HIV TEST
- 1 OTHER

SINCE 1978:
- 1 SEX WITH MALE
- 1 SEX WITH FEMALE
- 1 USED INJECTING DRUGS
- 1 SEX WHILE USING NON-INJ DRUGS
- 1 SEX FOR DRUGS/MONEY
- 1 STD DIAGNOSIS

SEXUAL RELATIONS WITH:
- 1 IDU
- 1 MAN WHO HAD SEX WITH A MAN
- 1 PERSON WITH HIV / AIDS
- 1 PERSON W / OTHER HIV / AIDS RISK
- 1 CHILD OF WOMAN WITH HIV / AIDS
- 1 HEMOPHILIA/BLOOD RECIPIENT
- 1 HEALTH CARE EXPOSURE
- 1 VICTIM OF SEXUAL ASSAULT
- 1 NO ACKNOWLEDGED RISK

TESTING INFORMATION

CLIENT PREVIOUSLY TESTED?
- 0 NO
- 1 YES, NEGATIVE
- 2 YES, POSITIVE
- 3 YES, INCONCLUSIVE
- 4 YES, UNKNOWN

IF TESTED THIS VISIT, INDICATE TYPE
- 1 ANONYMOUS
- 2 CONFIDENTIAL

IF NOT TESTED THIS VISIT, INDICATE REASON
- 1 CLIENT DECLINED
- 2 REFERRED ELSEWHERE
- 3 PREVIOUSLY POSITIVE
- 4 PREVIOUSLY NEGATIVE
- 5 OTHER

TEST RESULT THIS VISIT
- 0 NEGATIVE
- 1 POSITIVE
- 2 INCONCLUSIVE
- 3 NO RESULT

POSTTEST COUNSELING INFORMATION

CLIENT POSTTEST COUNSELED?
- 0 NO
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- 2 YES, WITH FOLLOW-UP
- 3 YES, AT NEW CLINIC VISIT
- 4 YES, OTHER

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POSTTEST COUNSELOR

RESERVED FOR LOCAL USE

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